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MEDICAL NOTES.

ON THE TREATMENT OF MENTAL AND NERVOUS DISEASES.

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This paper is designed to embody, in brief, the clinical experiences gained at the asylum under our charge, during the year 1878. In it we shall seek to "mirror the vitality of our thought," not alone by recording a series of successful experiments in medicating the insane, but also by presenting negative or non-curative results of treatment in certain varieties of cases.

The knowledge that there are forms of mental disease unlikely to recover under the most favorable circumstances, and in which all known methods of treatment have been faithfully tried, with only failures for results, is next in importance, to the honest physician, to those facts which demonstrate our ability to cope successfully with some, at least, of the formidable phases of insanity.

We shall proceed at first with the more pleasant part of our work, that of presenting the favorable effects of medication; and leave the dreary of disappointment and defeat for the closing draught.

In a general way it may be stated that the treatment of the insane with remedies applied according to the Homœopathic law of cure has been, thus far, a most interesting and fruitful experiment. It has been demonstrated, beyond a doubt, by results gained in the asylum, that the most violent cases of maniacal excitement may be safely cared for, treated, and restored to health, without resorting to massive doses of somniferous drugs. Indeed, the pathological conditions induced by the latter often form complications, or combinations with the original disease against which the recuperative forces of nature are powerless. Homœopathic treatment conserves the life forces of the patient, and seeks to avoid the aggravation of primary symptoms. Thus, in a long continued and tedious affection like insanity, the curative methods of the Homœopath tend, we believe, to the piloting of a patient through the imminent perils of his disease, with the greatest possible safety and certainty. Brief and imperfect as our experiments have been they have yet been followed by some very interesting developments, and from these a few deductions may now be drawn.

The remedies most used at the asylum are those whose effects upon the healthy were "proved" many years ago, and the "verification" of whose symptoms, in a curative sphere, has been demonstrated at the bedside of

the sick repeatedly and satisfactorily. In other words, "old remedies," like "old friends," have been our main reliances. A few of the new remedies have been used, and in occasional instances with gratifying results. Drugs whose primary effects are largely manifested by their action upon the circulatory apparatus, the heart and its conduits, have most frequently proven themselves effectual in modifying the symptoms and promoting the recovery of those suffering with mania. Hence we find *Aconite* and *Veratrum viride* playing an important part in the early stages of this disease which is marked by such an unnatural and exalted excitement.

The distinguishing differences between *Aconite* and *Verat. vir.* are these: In *Aconite* there is great mental anxiety; in *Verat. vir.* excessive physical unrest. The *Aconite* patient is fearful of the future, and terribly apprehensive of approaching death; the *Verat. vir.* patient is depressed, but comparatively careless of the future. The *Aconite* face is flushed bright red, or is pale, with moderate congestion; *Verat. vir.* has intense cerebral congestion, with a face flushed to a purple hue, and hot, or it is cold, with a pale bluish cast. The *Aconite* case has great thirst, and gulps water eagerly; the *Verat.* case has a dry, hot mouth, which feels scalded, but the thirst is moderate. The muscles of the *Aconite* patient are tense, and the whole mental and physical conditions are like those of an instrument strung to the highest pitch; the *Verat.* patient is relaxed and restless, has nausea, retches and vomits profusely, has muscular twitchings, and constantly changes his position. In short the *Aconite* patient has mental anxiety with physical tension; while the *Verat. vir.* patient has a lower grade of mental unrest with physical relaxation.

Treading closely upon the heels of *Aconite* and *Verat. vir.* and, in fact, contesting strongly for the palm of supremacy are *Belladonna* and *Hyoscinamus*. Probably no remedy in the *Materia Medica* possesses a wider range of action, or greater powers for removing abnormal conditions of the brain than *Bell.* Its symptoms are clear, well defined, unmistakable; its action sharp, vigorous, and profound. It is the powerful supplementary ally of *Aconite* in removing the last vestiges of cerebral congestion, and beyond this it subdues, like magic, the subtle processes of inflammation. Its symptoms are so familiar to every student of *Materia Medica* that it would be unprofitable to repeat them here; so we will only state that a marked and happy effect follows the use of *Bell.* in cases where, in addition to the flushed face, dilated pupils and throbbing arteries, we have a mental condition which manifests itself by the most positive ebullitions of rage and fury; and where the patient tosses in vague, spasmodic restlessness; attempts to bite, strike, tear clothes, strip herself naked, and make outrageous exhibitions of her person. While in this state *Bell.* patients are exceedingly fickle and constantly changing; now dancing, singing, laughing, and now violent with intolerable rage. The speedy disappearance of such a

grave and serious train of symptoms after *Bell.* is administered proclaims its unmistakable power in a manner that needs no eulogy. The magic workings of this protean drug are also manifest in the relief of symptoms directly antipodal to those mentioned above. When you have a patient whose face is flushed to an intense, reddish purple hue, pupils widely dilated, eyes having a fixed stony stare, and utterly insensible to light; heavy, almost stertorous breathing; stupid, dazed condition of the mind, so that he cannot be roused to speak; inclined to remain quiet, but with occasional muttering, incoherent delirium; marked rigidity or steady tension of all the muscles,—then you may give *Bell.* in the confident expectation of reaping an early harvest of good results.

The excitable *Bell.* patient requires a minimum dose of the drug, while the stupid one is affected most readily and favorably by oft repeated doses of the 1st centesimal or even the 1st decimal dilution.

The *Hyoscinus* patient is very excitable, but less frenzied than the *Bell.* patient; is very talkative, mostly good natured and jolly, but occasionally has savage outbursts; is inclined to be destructive of clothing, obscene, with a tendency to expose the person. *Hyoscinus* is, perhaps, more often indicated as a remedy for female patients than *Bell.*, the latter being frequently called for among the male insane.

Following the remedies already mentioned in the treatment of mania come *Cantharis*, *Lachesis*, *Nux vomica*, *Rhus tox.*, *Sulphur*, *Thuja*, and *Veratrum album*. *Cantharis* very notably fills a niche apparently unoccupied by either *Bell.*, *Hyos.* or *Verat. alb.* The *Cantharis* patient has mental exhibitions somewhat similar to *Bell.* and *Hyos.* i. e. frenzied paroxysms of an exalted type; bites, screams, tears, and howls like a dog. As an invariable accompaniment there is always great excitement of the sexual organs. In the latter respect *Cantharis* resembles *Hyos.* and *Verat. alb.*, but these latter drugs commingle the psychical with the physical—the *Hyos.* patient displaying lively fancies in connection with erotic desires, and the *Veratrum* patient uniting religious sentiment with lustful tendencies; but the *Cantharis* case is strictly and solely the victim of lechery for its own sake, a result of intense erethism of the sexual organs, impelling him to seek immediate physical gratification. Such patients are inordinate masturbators of an acute type. Proper restraint and the administration of *Canth.* often affords prompt and happy relief, both from the sexual excitement and from the paroxysm of mania. Very scanty urine, and frequent micturition are characteristic of the *Cantharis* patient.

For loquacity *Lach.* has been repeatedly verified as a valuable remedy; *Nux. vom.* is useful in cases that are irritable, cross, ugly, obstinate; *Rhus tox.* and *Hyos.* relieve suspicions of having been poisoned, the former remedy being particularly adapted to low, typhoid conditions. *Sulphur* is useful as an intercurrent; and also for *fantastic mania*, where the patient is inclined to deck himself with gaudy colors, or puts on old rags of bright hues and fancies them the most elegant decorations. *Sulphur* seldom achieves a cure by itself, but sometimes seconds with vigor the efforts of other drugs.

Veratrum album is a remedy whose sphere of usefulness comprehends both profound prostration of the physical forces, and a most shattered condition of the intellectual faculties. The fame of this drug extends over a period of more than three thousand years. It is related that, "about the year 1500 before our era, a certain Melampus, son of Amithaon, a most celebrated augur and physician, first at Pylos, then among the Argives, is said to have cured the daughters of Proetus, king of the Argives, who, in consequence of remaining unmarried, were seized with an amorous furor, and affected by a wandering mania. They were cured chiefly by means of *Veratrum album*, given in the milk of goats fed upon *Veratrum*, which Melampus had observed to produce purgative effects upon these animals." In the

State Homœopathic Asylum for the Insane, in this nineteenth century, A. D. we have verified the homœopathicity of *Veratrum* in "amorous furor" and "wandering mania," particularly where these symptoms of peculiar excitement are followed by great mental depression and tendency to physical collapse. In ancient days the drug was given until cathartic effects were produced. In these later times we have found a more acceptable method of use, and, with small doses, secure favorable results without aggravating purgation. The *Veratrum* patient combines the wildest vagaries of the religious enthusiast, the amorous frenzies of the nymphomaniac, and the execrative passions of the infuriated demon, each of these manifestations struggling for the ascendancy, and causing the unfortunate victim to writhe and struggle with his mental and physical agonies, like the dying Laocœon wrestling with the serpents of Minerva. This anguish is short lived. The patient soon passes from this exalted and frenzied condition into one of deepest melancholia, abject despair of salvation, imbecile tacturnity, and complete prostration both of body and mind. The extremities become cold and blue, the heart's action weak and irregular, the respiration hurried, and all the objective symptoms are those of utter collapse. At the same time the mind passes into a Stygian gloom, from which it very slowly emerges.

With such a picture before us we can scarcely hesitate in the choice of a remedy, and *Veratrum* is the one selected. To be sure some of these cases are past the grace of medicine, yet the earnest use of this long tried drug has frequently repaid us by marked improvement following its administration, and in several cases complete recovery has resulted.

We have written somewhat hurriedly of a few remedies most frequently used in recovering cases from mania. We come now to speak of those successfully applied in the treatment of melancholia. Mania and melancholia, alternating as they frequently do in some patients, often require the same or similar remedies. It is not the name of the disease, but the array of symptoms that indicates the choice of a drug. Still for purposes of convenience we sometimes group, under the name of a disease, certain drugs most often applicable in the cure of that disease.

Digitalis rises to prominence in this connection, not so much by reason of the fame it has acquired in "the books," but on account of the excellent effects following its use where homœopathically indicated, and thus administered to the patients in our wards. We use it mostly when the patient is in a dull and lethargic condition; the pupils are dilated to their widest, yet all sensibility to light or touch seems lost; the pulse is full, regular, or but slightly intermittent, and very slow. The slow pulse is the grand characteristic, and upon this indication *Digitalis* may be given with much assurance that relief will follow speedily, if relief be possible. We notice that the *Digitalis* patient, when rallying from his melancholic stupor, often moans a good deal, and his eyes are all afloat in tears. Relief, however, speedily follows this bursting of the lachrymal fountains.

It has long been supposed and advocated that *Aurum* was the princely remedy for suicidal melancholia. Our experience at the asylum has not sustained this theory. *Aurum* has often been prescribed, in such cases, but usually without good results. Another remedy, which we have tried repeatedly, has generally "hit the case" most happily; and that remedy is *Arsenicum*. My mind has been exercised in solving the mystery of *Arsenicum's* happy effect in cases of suicidal tendencies, while the much vaunted *Aurum* has repeatedly failed to sustain its whilom reputation. Our conclusion is this. The patients which *Arsenicum* has relieved have been those whose physical condition would warrant the administration of that drug. They have been much emaciated; with wretched appetites; a dry, red tongue, shrivelled skin; haggard and anxious in appearance; and evidently

great bodily sufferers. It would seem as if the mental unrest of these patients were due, in the main, to physical disease and consequent exhaustion, and their desire to commit suicide is evidently for the purpose of putting an end to their temporal distresses. On the other hand the *Aurum* suicidal patients (that is, the few patients has *Aurum* seemed to benefit,) are usually in fair physical health, but who have experienced some unfortunate disaster of the affections, who have had trouble with friends, fancy they have been slighted, persecuted, or wronged, and out of revenge or disgust for the irksome trials of life seek an untimely end by their own hands. Such cases are, with us, more rare than the bodily sufferers whose ills are relieved by *Arsenicum*. Hence, perhaps, the repeated triumphs of the latter drug, and the failure of *Aurum*. Each drug has its own individual sphere of action, beyond which it becomes a comparatively inert and useless agent.

When we have a patient suffering with melancholia, who is constantly moaning and muttering to herself, walks all the time, looking down, is disinclined to talk and angry if any one speaks to her, tries to get away from her friends if they seek to comfort her, sleepless at night and uneasy during the day, then we have given *Chamomilla* with most decided and salutary effect. *Natrum Muriaticum* also affords relief to patients given to much crying, their continual weeping being of the open and above-board variety; while the grief of the *Ignatia* patient is more passive and concealed. The *Pulsatilla* case weeps easily, but smiles through her tears, and is readily pacified for the time being, but as quickly relapses into the depths of sorrow when the words of comfort cease. The *Cactus* patient is sad and hypochondriacal, and has frequent palpitations of the heart, with a corresponding palpitation, so to speak, in the top of the head. We have found *Thuja* to benefit patients who have tenacious fixedness of ideas, are always harping on one string, and indulge in the strangest and most unnatural fancies. Such cases are quarrelsome and talkative, or very reticent, won't speak to or look at a person, and manifest great disgust if spoken to by others.

Lilium Tigrinum and *Sepia* find important place in the treatment of depressed and irritable females. The troubles of such cases originate largely in the mal-performance of duty on the part of the generative organs. Both *Lilium* and *Sepia* cases are full of apprehensions, and manifest much anxiety for their own welfare. In the *Sepia* case, however, there is likely to be found more striking and serious organic changes of the uterine organs; while the *Lilium* case presents either functional disturbance or very recent and comparatively superficial organic lesions. *Lilium* is more applicable to acute cases of melancholia where the uterus or ovaries are involved in moderate or subacute inflammation, and where the patient apprehends the presence of a fatal disease which does not in reality exist. The *Lilium* patient is sensitive, hyperæsthetic, tending often to hysteria. She quite readily and speedily recovers, much to her own surprise, as well as that of her friends, who have been made to feel by the patient that her case was hopeless. The *Sepia* patient is sad, despairing, sometimes suicidal, and greatly averse to work or exercise. There is, however, oftentimes, a good reason for such a patient's depression, for too frequently she is the victim of profound organic lesions which can, at best, be cured only by long, patient, and persistent endeavor.

We have spoken thus far of remedies which are applicable to those forms of insanity which are in a measure curable. We now approach the more discouraging portion of our essay, that of recording the vanity of our attempts in treating cases of epileptic and masturbatory insanity, of dementia and general paresis.

It has often been our good fortune to relieve the immediate and distressing symptoms of the epileptic with sensible doses of the *Actea Racemosa*. Under its action the fits have been lessened in frequency, and sometimes re-

moved altogether for several months. But we are impelled to state that neither this, nor in fact any remedy we have yet tried (and we have tried many) has so far removed the symptoms as to enable us to claim a positive, perfect, and permanent cure. The *Actea Rac.* develops the best results among those patients who have remarkable heat in the back of the head, and extending down the back, during the convulsions, and who complain of great soreness in the muscles of the neck and shoulders after the convulsions have subsided. Time and experience may yet solve the problem, how to cure the epileptic insane; but thus far it remains a riddle deep as the unfathomed mysteries of Nature. For masturbation we have given *Agnus Castus*, *Damiana*, *Pieris acid*, *Phos. acid*, *Nux vomica*, but in scarcely an instance could the relief obtained be considered fully curative. The *Bio-Iodide of Mercury* is a remedy said to be efficacious in such cases, and we are now using it in some apparently suitable cases.

There is this to be considered, in our treatment of masturbatory insanity, that cases of this sort which reach an asylum are usually so far gone in their terrible ways as to be non-amenable to any treatment. If others, with more recent cases to deal with, have had happier experiences we shall be glad to learn of them their methods and the remedies used.

Our dementia cases have been treated with *Calosarea carb.*, *Phosphorus*, *Anacardium* and a few other drugs. An improvement in their general condition has often followed the use of the above remedies; and we look upon such cases as affording a somewhat hopeful field for future experiment and research. Still we are unable to record complete recovery from dementia, through medication, except in a very few instances.

In general paresis we have observed relief from immediate and threatening symptoms through the administration of alcohol. *Veratrum viride*, *Bell.*, *Nux vom.*, and *Phos.* have also, temporarily, held the disease in check, but in this grave and singular disease we have wrought no cures, earnest though our endeavors have been.

In thus recording our failures we have this for consolation that the forms of disease in which Homoeopathic drugs have, thus far, proven unsuccessful, are those already declared incurable by physicians of long and vast experience. We shall never rest, however, nor pause in our labors, until the fountain that holds healing waters for these unfortunates is discovered. Those who live in the darkness of incurability to-day, may bask in the brilliant sunlight of health a single decade hence. A brief defeat does not discourage us; but we engage in the work of exploring and excavating, and in the application of new discoveries, dug out from the yet but partially explored mine of medicine, with undaunted hearts, and with unwavering expectations. The fruits of medical enterprise, like the fruits of the orange tree, do not all ripen at once. The flavor of those already matured is both pleasing and grateful. We believe that more will ripen on the very branches whence blasted ones have fallen. In conclusion we feel impelled to state that the more earnestly we study its tenets, and the more fully we are brought to understand the delicate intricacies of the Homoeopathic law of cure, and the more fully we apply the precepts of that law in our treatment of the sick, the more firmly are we convinced of its comprehensive and far-reaching efficacy.

INFANTILE PARALYSIS AND DEFORMITIES DEPENDANT THEREON—TALIPES.

BY GEO. H. TAYLOR, M.D., NEW YORK.

The tender period of infancy and childhood is peculiarly liable to accidents to the health, which result in permanently depriving one or more extremities of voluntary power. Muscular power is developed only under the influence of nerve stimulus. When nerve-cen-

tures of the spinal cord are disabled, muscle nutrition is diminished in proportion to the diminution of muscular action; development ceases, and the sound extremities begin to outgrow those whose nutritive supply is thus cut off. The suffering extremities become cold, bloodless, soft, doughy and non-resisting; they deteriorate in development as in functional activity.

Examination of the muscular fibre shows that one of two things usually happens. Either the contents of the muscle-cell, the *sarcode*, is absorbed, leaving only the collapsed cell-walls and connective tissue and membranes in place of muscle; or the absorbed matter is replaced by fat. In the one case the muscle is diminished in length, as well as size, causing contraction, shortening and drawing; in the other, the parts may continue plump, but quite limp and soft, and destitute of the active features of vitality.

This form of disability of locomotion generally dates from some sudden and short disturbance of health, to which all children are liable. It may be a result of some exanthematous attack, of an acute indigestion, or other not well understood or even recognized cause.

It is probable that in most cases of this kind the actual affection localized in nerve-centres is quite inconsiderable. This is inferred from the ease and certainty with which recovery follows the direct remedy; also from considerations relating to its essential nature.

Many instances of infantile paralysis, probably a considerable proportion, are chargeable to ignorance and neglect in nursing, during the primary attack to which the infirmity is referred. Change of place, exercise, or some equivalent, is a necessity for children. It is not merely that the exuberant nature of children compels great activity, but that change of place, motion, is an absolute requirement for the perfection of function. The effect of carelessly allowing prolonged lying flat upon the back, which sick children are compelled to endure, through the weary days and nights of febrile attacks, is injurious in the extreme. It causes great local excess of heat, dilatation of capillaries, weakening of the spinal cord, and gravitation of fluids into the distended and unresisting vessels is certain to occur. Serous effusion and compression of the delicate nerve-elements, if it does not destroy the integrity of the cord by the plasticity of the effused matter, at least so suspends the nerve-function as to prelude its spontaneous resumption. The result is *paralysis*, for which ordinary remedies are nearly impotent. They do not completely meet the needs of the case.

In most of these cases, life-long consequences might have been averted, by using the simplest, common-sense precaution—that of frequently turning the little invalid from side to side, and in all directions that appear to be agreeable. Both replete and collapsed vessels imply blood stasis, and are incompatible with nutrition. Every change of posture in these cases is followed by change of contents of vessels—exactly what occurs in health, and without which health is impossible.

Whatever be the nature of the acute or original attack, it is probable that in most cases it is shortly resolved into simple inertia of nutritive processes. Materials adapted to sustain muscular power are not so employed when muscles do not act; equally inactive are the spinal centres from which the normal incentive through the will is received. The conditions for renewal of substance are deficient. Evidently the direct remedy consists simply in supplying initial conditions for vital acts. These are physical and mechanical. These cases furnish beautiful illustrations of the necessity of function to the integrity of vital organs; and of the adaptiveness of the vital system to receive and transform power for its own uses from sources exterior to itself. This, in fact, is the end and aim of the organism—a consideration always helpful in therapeutics.

The above pathological review is given for the purpose of enforcing the real and direct therapeutic indications, in distinction from the palliative and temporizing

method usually employed. These indications may be thus summarized:

1. To incite nutritive activity (and consequently power) in the muscles of the affected extremities.
2. By reflex impressions at the extremities as well as over the spine, to increase nutritive activity in spinal centres.
3. To restore the conducting power of nerves, both as instruments of the will and as bearers of reflex impressions.
4. To secure displacement and local absorption of matters invading the area of spinal defect; also of fat deposited in muscle cells.

The suitability of transmitted motion to secure these ends is best illustrated by reference to cases.

1. Maud M., at three years of age, had never shown the least disposition or ability to walk. Her helplessness became suddenly apparent when a year and half old, following an obscure and very short attack of some acute sickness. The affection was confined to the left side, and included both the arm and the leg. The leg was cold, very soft, though plump, skin pale and nearly devoid of sensation, and it had not the least power of motion below the knee; the thigh, though smaller than the opposite one, retained some muscular power. The arm was somewhat less feeble.

When such cases are left to themselves, experience shows that one or more of the following changes are liable to occur in the progress of time:

1. Arrest of growth. Normal development continues in the unstricken portions of the body, causing progressively increasing difference in the size and length of corresponding limbs.
2. Arrest of development of part of the muscles of the limbs. The same differences occur in parts of the same limb, and for the same reason; one portion is nourished, the other is not. In this case the strong muscles usually so overpower the weak as to produce deformity of the joints. A segment of the limb is drawn to one side, causing unequal pressure of articulating surfaces.
3. Contractions. Enforced sitting allows muscles to remain contracted, while the cell-contents are absorbed and adhesions of connective tissue fix the limb in a permanent flexed position. If there be spinal or meningeal irritation, this effect is the more certain and obstinate. Sometimes the plumpness, but seldom the size of the limb is retained, by a substitution of fat in place of muscle.

The case now referred to belonged to the first in the above classification. The treatment consisted exclusively in the transmission of motion on the principles and in the manner before indicated. No child is too young or too weak to be a proper subject for this treatment; children are also invariably pleased with the application of treatment. Rapid motion (800 to 1,200 per minute), under very moderate pressure controlled by the child herself, was applied to all parts of the body, always in limited areas and in succession. Intermingled with these applications are very slow motions, that is, slower than the natural or usual motions; also applied to segments of the body and limbs in succession. Between each application is a period of ten or more minutes of absolute quiet in a recumbent position. These intervals are positively necessary; it is then that the effects sought for are secured. Three hours of every week day are devoted to the treatment. In the present case the little patient had so far recovered in four months as to begin to walk. From this time I lost sight of her.

Last Winter, just ten years having elapsed, the same case appeared at my office again. I found a well-developed young lady of thirteen, healthy, active, proficient, giving no appearance of backwardness due to the early disease. The occasion of the call was the recent discovery, in learning to play on some musical instrument, that she was unable to raise the arm directly upwards. The defect was easily seen to be arrested development of the deltoid: the shoulder was very bare of

flesh—hence the awkward circuitous route made necessary by substituting the action of other muscles. The deltoid muscle had no efficient contractile power, and but very little substance. In view of the time the difficulty had existed, I was doubtful as to the capacity of the muscles to acquire fresh development and power; and expected that improvement, if possible, would be slow and unsatisfactory. Great satisfaction was felt at the end of three weeks' vigorous application of the treatment, in seeing her raise her arm to the perpendicular, through the lateral transverse plane of the body, without undue effort. The top of the shoulder had gained in appearance, and the presence of acting muscles was evident to the touch. In about two months the newly gained motion was natural and easy. Friends of children afflicted with infantile paralysis need not despair of recovery, if treatment be applied during the period of active growth.

Cases in which only a portion of the muscles is paralyzed, in consequence of the increasing difference of development of parts, tend directly to deformity of some kind and degree. If the stronger muscles receive a morbid stimulus to contraction from irritation of reflex spinal centres, this tendency is the more pronounced. Club Foot, whether congenital or otherwise, furnishes the highest degree of this morbid process and deformity; and I introduce a short account of a case, to show that even this is amenable to treatment on the principles here explained.

C. S. was born with the right foot turned inward, *talipes varus*. At one and a half years old he suffered the usual operation of cutting tendons, with the subsequent treatment by some modification of Scarpa's Shoe. The treatment was unsuccessful. At two and a half years old he walked only on the side of that foot. At this time he was brought to me. The child was small, pale, thin and weakly in appearance; the deformed foot was poorly developed, and had very little sensation. He was subjected to the methods before described; special attention being given to the distorted limb, without, however, applying any instrument, pulling or stretching of any kind. In about a month he began to walk like other children, on the bottom, instead of the side of the foot. The child has since done perfectly well.

The effect of treatment was to remove the paralysis, produced by prenatal causes in certain muscles. Common sensation gradually returned, and with it the power of the weak muscles to antagonize successfully their opponents; this being effected, no force or mechanical apparatus was needed; the foot was restored to its natural shape because it became possessed of its natural powers.

The real and original defect in these and similar cases, at whatever age it may occur, is paralysis affecting motor nerves; the deformity, whatever be its special form, is the consequence. The indirect, specious, and often transient remedy, consists of special measures adapted to this consequence; the direct, radical and permanent remedy is addressed to the cause, and removes cause and consequence together.

LOCAL APPLICATIONS.

BY R. R. GREGG, M.D. BUFFALO.

Since my last report, two more cases of sudden death, from suppressed rheumatism, have come to my knowledge. A man had acute rheumatism, and not improving as he thought he ought, dismissed his physician and called another, who made some external application that suppressed the disease in two or three days; and the patient died suddenly, in consequence of the rheumatism being driven to his heart, and in less than a week from the time he was so *grandly* cured!

Another equally marked case, was that of a man who had been suffering from chronic rheumatism only a

few weeks before, and was treated with external applications; but he died suddenly from the effects of applying some one of the salts of potash.

Was my language too strong in calling such practice murder; or in saying that a medical organization, that would take up such facts and push them to their legitimate conclusion, would soon show itself to the world, "as the leading progressive medical institution of our country and age"?

Two or three weeks after the occurrence of the last case but one given in my preceding report, I was consulted in another, where diarrhoea had been suppressed by strong stimulants, and which was very similar to that case, in nearly all of its features. A man was attacked with diarrhoea. He called upon a bartender to prepare him a sling, of which he drank freely. It arrested the diarrhoea at once, but his kidneys became severely congested the next day; the secretion of urine was almost wholly suspended for several days; great pain in the back arose; a terribly fetid breath also resulted, and he continued in this condition, barely able to travel, and without the slightest evacuation from his bowels for several days, when he called upon me. An evacuation was obtained under the action of *Nux Vomica* in very high potency. I have not heard the final result; but fear Bright's disease or something as serious may follow.

I am now treating a little girl for goitre, the history of whose case is as follows: At the age of a few weeks the usual chafing, or intertrigo of infants manifested itself but in her case it spread as an eruption until all parts of the body where there were folds in the skin, became more or less ulcerated. Various washes, ointments, etc., were applied without effect, until the pollen of *Lycopodium* was sprinkled upon the parts, which speedily suppressed the eruption. The child was then three months old, and at once upon the disappearance of the skin disease, and in the month of February, when there was no epidemic of any form of bowel disease prevailing, she was seized with a most violent attack of dysentery, from which she barely escaped with her life. The dysentery must in turn have also been in part, or wholly suppressed, for before the child had regained anything like full strength from that, she was taken down with one of the very worst attacks of acute bronchitis I have ever seen, and I was then called. Her pulse ran up to 160, or over, her respirations were eighty per minute for two or three days, and suffocation appeared inevitable, many times, from the extent and violence of the congestion and inflammation. *Armenicum* **** however, soon arrested all violent symptoms, and the child got out in a few weeks; but her constitution was so shattered by it all, that she has been a markedly scrofulous subject ever since, the upper part of her forehead projecting very much, and she had a goitre develop two or three years ago, which is now nearly as large as a man's fist.

I will now give a single case only of a type of which I have seen many dozens, in the course of my practice; and which it is important that every physician should fully understand in its connection with *metastasis*. Nov., 1862, I was called to a lady in this city of medium height, but of very stout build, who had been considerably reduced by a violent and obstinate cough of several weeks duration, that had resisted all the usual domestic remedies, and also several prescriptions made by a physician. The cough was hoarse and somewhat hollow and violent, and occurring as it did in a lady of stout build, it called unmistakably for *Belladonna*, which was given her in the 100th potency. In two or three days the relief given by it was very great, and the case went on improving rapidly a few days longer, until the cough was scarcely at all troublesome, when further improvement ceased; indeed, the cough soon returned in as great violence as at first. I attributed its recurrence to a severe cold the patient must have taken, but there had been no exposure, and upon inquiring into the matter more carefully, she told me that after the cough had been so nearly cured, a severe frontal headache

arose, which she did not inform me of, and upon the advice of some old lady friends, applied cold wet bandages to the head for its relief. These soon relieved the headache, but the cough returned the night following in all its former violence. Warning her against a repetition of any such methods, or meddling in any way with results that might be obtained in the future. I again prescribed for the cough. But it was much more obstinate this time, as has been repeatedly stated before as the fact in all cases under suppression, though when I did get control of it, the headache returned just as it was before, and continued for several days, when it, as well as the remnant of the cough, and all other symptoms rapidly disappeared, the patient soon regained all her strength and activity, and is as vigorous to-day as she ever was.

Such cases, I repeat, it is of the utmost importance for all physicians of our school to understand and explain to their patients; and especially be on their guard against the serious results which patients themselves, their friends or neighbors, will often bring about by interfering with minor troubles, (that often arise solely from the physician's successful efforts in the cure of much more serious symptoms of the more vital organs), the patient driving the disease all back again to become worse, as it nearly always will, than at first. Many relapses are due simply to this very fact, and the physician is often held responsible, when he may have done full justice to the case in all his curative measures.

Had the patient in question been of a delicate, or naturally feeble constitution, or inclined to consumption, it would have been a serious question if the cough could ever have been relieved,—that is, cured,—a second time.

Favorite methods for the relief of headache under these, as well as other circumstances, are, in addition to the cold wet bandage, bathing the head with bay rum, cologne, camphor, etc., which *never* afford relief, except through suppression; but many will resort to them against the strongest advice that can be given.

The results in such cases, are, furthermore, all in strict accordance with the law of *metastasis*, for the disease, or the cause of it, upon being driven out of the lungs, by *curative* treatment, that is, from the mucous membrane thereof, and going to the head as described, seats itself upon the mucous lining of the frontal sinuses, which is much less vital than the lungs, producing congestion of that membrane, as it had in the lungs before, and thereby causing the headache, the brain itself not being involved), but the suffering generally subsides, in a few days at most, under continued curative treatment, without going on into inflammatory action. Or if it does, suppuration will take place upon that membrane (just as it would have done, and so often does, in the lungs, if not cured), and the purulent discharges resulting, find their outlet through the proper openings into the nostrils.

(To be continued.)

FARINACEOUS FOOD FOR INFANTS.

By GEO. ALLEN, A.M., M.D., WATERTOWN, NEW YORK.

At the last annual meeting of the Homœopathic Medical Society of the State of New York, held at Albany, Feb. 11th and 12th, 1879, the Bureau of Paedology reported a paper in which, among other articles of infant diet, "well baked bread," with milk, was recommended. In the discussion of the paper by the society exceptions were taken to this recommendation on the ground that starchy food, like bread, was indigestible by young infants. Now, as the writer was particular to specify "well baked bread," it is to be presumed that he had an object in doing so. If bread be subjected to a sufficiently

high temperature in baking, the starch is converted into *dextrine*, a soluble substance which is easily digested by very young infants.

Dalton (Physiol. 6th Ed., p. 120) says: "The interior of the loaf in baking does not rise above 212° F.; the exterior, which is subjected to a higher temperature, becomes covered with a crust formed partially of torrefied starch, or dextrine, and caramelized sugar."

Duncan (Dis. of Inf. and Chil., vol. 1, p. 334) in speaking of artificial food for infants mentions favorably Gerber's milk food, "which is made of condensed milk and cooked flour, or bread, the dextrine taking the place of the sugar, and, when cooked with from eight to twelve parts of water, corresponds very closely to mother's milk." Of farinaceous food the same author further says: "The flour must be baked till it acquires a light brown color, the temperature being about 400° or 450° F.; the granules of starch are thus disintegrated and converted into a soluble substance named *dextrine*, which by further process of cooking, as in making pap, forms an excellent food for children." Tops and bottoms, so much used in England, owe their value to the same circumstance, namely, that "the farinaceous matter, which is so indigestible in infants, is broken up, by baking, into soluble dextrine." This principle is taken advantage of in the preparation of most of the farinaceous artificial foods on sale. It is evident, therefore, from the foregoing facts, that though starch, as such, is indigestible and pernicious in its effects on the infant stomach, yet if properly prepared, it not only loses these pernicious properties, but becomes an easily digested and highly nutritious article of infant diet. If at all doubtful of securing a proper degree of heat in baking, it may be advised to use only the crust of bread, in which we may always be sure that all the starch has been converted into dextrine and other soluble forms. These crusts cooked with milk and variously diluted with water according to the age of the infant, form an article of food which embraces the essential features of the best prepared foods. The materials for its preparation are always at hand, it may be freshly prepared for immediate use; while the possibility of varying its nutritive strength according to the age and digestive capacities of the infant makes it an article to be commended for children demanding artificial food.

Clinique.

TRANSFUSION OF MILK—SURGICAL CLINIC AT WARD'S ISLAND HOM. HOSPITAL.

By PROF. WM. TOD HELMUTH, M. D.

(Reported by Malcolm Leal, M. D.)

The patient that we shall now bring before you, gentlemen, is in a moribund condition, so I shall request that you make no demonstrations of applause.

I intend in this case to try transfusion of milk. The operation of transfusion of blood from one organism to another is one of the oldest and is shrouded in mythological conjecture. According to classical writers Medea withdrew the blood from the veins of Æson, and by filling them with the juices of herbs restored to him the vigor and sprightliness of youth. Pope Innocent the VIIIth is said to have been killed by the operation of transfusion.

In experiments of transmitting the blood of animals through the veins of one another it was supposed that if blood was taken from an animal of different species, the operation was fatal to the recipient, but if one of the same species supplied the blood to another of its kind, the operation was harmless. As has been since demonstrated in case of human beings, this rule does not invariably apply. The blood of sheep can be transfused in cases of severe hemorrhage with beneficial results.

It is said that the circumstance that led finally to the transfusion of blood, was the statement made by Sir Christopher Wren, that he could construct an apparatus by which he could convey fluids into the blood during life.

To Denys and Emmerett, of Paris, belongs undoubtedly the credit of having first performed the operation on the human being with success.

In 1666 or thereabouts, Denys operated on a maniac and relieved him; a repetition, however, in another case, resulted fatally. The operation seems to have been perfected by Lower about the year 1667, who used the method of conveying the blood directly from the artery of a healthy person to the vein of a patient, allowing the force of the circulation to be the propelling power.

The discovery at the time was regarded by some as a new era in the art of healing. The first experiments however, unluckily, resulted fatally, and excited so much alarm that in France transfusion was prohibited by an act of the Legislature, and soon fell into disuse.

In 1826 Dr. Blundell revived the operation and practiced both the mediate and immediate methods as they are called. The second was that employed most successfully by letting the blood pass by its own gravity from the vein of one person to that of another, but finding this method unsatisfactory, he used "a propella," but still used venous blood—in this differing from Dr. Lower.

So, from time to time it has been revived and is now coming more into use. So far, the results have been unsatisfactory, mainly for two reasons—First, none but moribund persons have been selected for testing it, and the patients are unable to overcome the symptoms of shock which are more or less constant accompaniments of the operation, and secondly, there is danger of clots being introduced into the circulation causing embolism, and also of the introduction of air into the veins, thus causing death probably by obstruction of the capillary circulation of the lungs, with the symptoms of collapse.

Many of the patients (like the one we have to operate on to-day) are wasted by disease—and it is not in these that the operation is as favorable, but in those who are suffering from the effects of severe hemorrhage, the results are more satisfactory.

Now, although the operation in itself is simple, it requires nice adaptation, and when you recollect the danger of the formation of clots, and the entrance of air, and the condition of the patient, you will not be surprised if it should be unsuccessful.

To-day I do not propose to transfuse blood, though I shall hope soon to show you that operation—but I intend as I told you to use milk. This substance is now to supersede blood, and as it is more nearly allied to chyle than any other animal fluid, it is apparently eminently suited to the purpose.

Chyle is fat suspended in its finely divided condition, and milk is also fat in an emulsified form, and as chyle enters into the circulation at the subclavian vein without bad effects, it is fair to presume that milk may be used to supply nutrition in certain conditions. It certainly is very highly recommended. Dr. Hodder, of Toronto, in 1850, I think it was, treated several cases of cholera, and in 1873 Dr. Howe, of this city, performed the operation, using goat's milk—the patient died three days after the second injection, and Dr. Thomas repeated the operation with success some years after.

The results of some experiments on dogs were reported by Dr. Howe in the *Medical Record* some months ago, in which nine animals were bled to a condition of syncope. Seven of them were then injected with milk and died, while two were left to themselves and recovered entirely. The Doctor thinks the cause of death in these cases was due to the quantity of milk that was injected; while Dr. Thomas thinks the fault was in the impurity of the substance injected. I have here some milk that is a day old, and intend to use this not from preference, but because it is the best I can get at pres-

ent. We shall also be enabled to see what, if any, influence the age of the milk within limits has on the success of the operation, which will be a very important consideration.

Now in this case, I shall use a very simple contrivance.

I have had the vein at the elbow exposed before bringing the patient before you. We will have her brought in now.

A history of the case is unnecessary beyond saying that the patient is in the last stages of pelvico-peritonitis.

I have here an ordinary fountain syringe of small calibre; it has been most thoroughly carbolyzed. To the end of the india rubber tubing I have attached the efferent tube of an Aveling's instrument, to which I had a stop-cock fastened. The milk is heated in a carbolyzed vessel to such a temperature that as it passes out of the tube it is about blood heat. I now make a longitudinal incision into the median cephalic vein, which has been already exposed and insert into it a silver canula. You see the blood from the vein passes through the canula, upon which I now place my thumb. I now bring the efferent tube of the syringe close to the arm of the patient; I remove my thumb from the tube in the vein, and turn the stop-cock in the milk tube, and as the two streams meet, I gently pass the efferent into the efferent tube. You see there is not even a bubble of air allowed by this simple and gentle manipulation. Now watching her pulse carefully I inject about an ounce of the milk. This causes some dimness of sight and difficulty of breathing; the pulse becomes weak and rapid; waiting for her to recover a little from the effects, I inject half ounce more. Her temperature rapidly rises—96°, 97°, 98°; again I inject half ounce more; temperature goes to 101°; the rise is too rapid. I think this will do for to-day.

(The patient in a chilly, exhausted and miserable condition, was taken to her bed.) I had hoped to be able to show the transfusion of blood to-day, but our time has been so occupied we shall not have time.

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CASE OF GANGRENOUS ERYSIPELAS SUCCESSFULLY TREATED WITH BROMINE.

BY PROF. C. H. VON TAGEN, M. D., OF CHICAGO, ILL.

Was called in consultation by Dr. Emily Pardee, of South Norwalk, Conn., Aug. 30th, 1878, to see Miss—who had been taken ill about one week before. Patient presented the following symptoms: Fever, with burning pungent heat of skin, thirst, with desire for frequent drink. Tongue red, pasty, and disposed to dryness; brownish, furred appearance down the centre. Lips dry, and parched, countenance much suffused, eyes glazing. Pulse rapid and full; pulsation 120, temperature 104. Patient nervous and restless, especially at night; general downward tendency. The bowels regular; urine high-colored.

Examination of the right lower limb revealed a diffused deep redness, and swelling of knee-joint, embracing the upper third of the leg and lower third of the thigh. Slight pressure over the part involved caused pain, and gave forth the usual white appearance, quickly succeeded by its former color, indicative of erysipelas. A sense of fluctuation could be readily detected at any point within the region mentioned. There was evidently extensive and diffused suppuration which had set in, dissecting up the tegumental structure entire, over the surface of which were several deep purple spots, about the size of five cent silver pieces, showing that extensive destruction of the cellular and connective structures was proceeding within. To use a homely term it felt very "boggy" all about the joint.

The limb below the seat of invasion was cedematous, with more or less pain, and soreness along the surface. The slightest movement of the joint was also painful. The previous treatment, both internal and external, had

been conducted with all due care and skill, and aided materially in limiting the invading disease.

The time had now arrived for a free use of the knife, which together with the internal and external use of *Bromine*, was recommended by the writer, and acquiesced in by both the attending physician and the family. Some ten or a dozen free openings were made along the anterior aspect of the invaded region, also in the popliteal space where the burrowing was equally profuse. A large quantity of foetid pus, mixed with necrosed cellular tissue, escaped. The suppurating cavity, or pouch, was then washed out freely with *Bromine*, one part *Bromine*, *Aqua*, 60 parts, and afterwards dressed by enveloping the part in stimulating poultices composed of pulv. flax-seed first boiled in water to a somewhat thick consistency, afterwards thinned out with heated porter to the proper state. Commencing from the toes, the entire limb was bandaged up to the hip. The limb was now placed in a semi flexed position and supported on soft pillows.

The patient was put upon *Bromine*, sixth dilution, a dose every three hours, except at night, when asleep. A nourishing and moderately stimulating diet was ordered, consisting chiefly of strong beef essence, milk punch with raw egg, pure grape wine, wine jelly, tuploca, &c. Daily dressing was made for a period of three weeks, afterwards every second and third day, when the patient passed on to a good recovery, regaining the use of her limb, and was able to ride out on several occasions.

There was, however, one point over the knee joint, and below the patella, that seemed to persist in refusing to heal, but nevertheless dwindled down to what appeared to be an open sinus. This particular portion, for some reason not easily explained—possibly, a lingering of the old leaven of impurity in the part; possibly, also, a too free use of the joint—became invaded again. Pus formed, as before, with more or less burrowing and infiltration into the subjacent layer of integument, and the erysipelas re-appeared. The knife was again called in to requisition, and the same course of treatment relied upon. The case was now left to the attending physicians. The effect was prompt, and the invader again succumbed—this time, finally—the patient being now cautioned against using the limb too freely.

At the present time, (December, 1878), the patient is again able to be about; everything seems to promise a complete and successful result, and with as good use of the limb as ever. It is hardly necessary to add that the invasion of so important a joint as that of the knee is always to be seriously regarded, and it behooves us to watch closely so insidious and devastating an enemy as erysipelas at all times, but especially when so valuable a member is attacked.

One rule in the after treatment it is important to note, viz.: that a joint thus affected should not be kept in a fixed position. A frequent change in its angle should be regarded. This precaution wisely used will prevent the occurrence of ankylosis, a very inexcusable result. The writer, in both his military and civil service has been frequently required to operate upon stiffened and ankylosed joints, the result of erysipelas, unskillfully treated, obliging the patient to undergo a very painful operation, as well as an after treatment, not only painful but tedious.

In different instances, the ankylosis affected the joints of the knee, shoulder, elbow and wrist, and had lasted during periods of from three to seventeen years.

In conclusion, the writer will here take occasion to repeat what he has already frequently remarked, that in *Bromine* we have the most powerful agent known for the treatment of hospital gangrene, gangrenous and phlegmonous erysipelas, with pyæmic, or rather chorrhamic complications. The observations made by the writer, during the war of the Southern rebellion, as well as in private and hospital practice, in the course of which time he has personally treated over one thousand

severe cases, with a reduction of loss, from sixty-eight to 2 $\frac{1}{2}$ per. cent. speaks volumes in favor of the superiority of the *Bromine* treatment, and warrants him in making so bold an assertion.

An elaborate essay, with tabulated statements, and the various complications, was sent into the Bureau of Surgery, of Homœopathic Centennial World's convention, that met at Philadelphia, during the summer of 1876. This production has not yet seen the light of day, notwithstanding repeated inquiries made by its contributor. No information could be obtained of its whereabouts until quite recently, when it was unearthed, after considerable exertion and no small expense to the writer. No satisfactory explanation of this conduct has yet been vouchsafed, and the paper, like some others before it, had no doubt been consigned to oblivion. There is an old and true saying, that "kissing goes by favor," and it applies to that once noble organization entitled the "American Institute of Homœopathy," now a mere political ring controlled, as Tammany was and is still, by a chosen (?) band who manage matters to suit their own particular adherents—voting themselves fat salaries from a treasury impoverished for years, and keeping those out in the cold who decline to participate in their nefarious plans—violating the order of exercises as prescribed and printed, and, by preconcerted action, gathering to themselves all the loaves and fishes, leaving scarce an unpicked bone for their honest associates. Rumors have been rife of party favoritism of "dead-heading" by some of the "clique," at the various points of meeting. A hilarious band are these same fellows, and well known for their proclivities, especially as regards the wine-cup. Put-in-Bay is a favorite resort with them, and for obvious reasons. The chairmanships and bureaus are allotted to juniors of limited experience; and favored striplings thus take precedence of men who, for long years, have faithfully served their generation. These are facts which cannot be successfully controverted—although they may be denied. Truly may we exclaim "Alas, how has the once noble American Institute fallen into the hands of the scribes and pharisees!" Is it not high time for an open expression of indignation—for some attempt to rescue our organization from the grasp of these cormorants who, in the pursuit of their selfish and unprincipled ends, will inevitably bring about its downfall? Like the money changers of old, they should be driven in disgrace from the Temple they have so shamefully profaned.

CACTUS GRANDIFLORUS IN CARDIAC DROPSY.

BY EDWARD JAY MORGAN, M.D., ITHACA, N. Y.

Mrs. B—, a lady aged sixty years, was attacked on the first day of July, 1878, with violent palpitation of the heart, accompanied with very distressing dyspnoea.

Upon examination I found evidence of structural change of the mitral valves, with regurgitation, and congestion of the lungs. These symptoms continued two weeks, when general dropsy supervened. At this juncture I gave an unfavorable prognosis, and commenced a course of treatment, looking more for palliation than a cure. The breathing became more and more labored. And it was impossible for the patient to assume the recumbent position. Two weeks later the extremities became œdematous.

I succeeded in relieving the effusion temporarily with large doses of Indian Hemp and Digitalis. But very soon the dropsical symptoms increased with an aggravation of all the distressing symptoms. I then gave the most powerful drastic Cathartics and Diuretics until the bowels and kidneys utterly failed to respond to any of them. Whereupon I advised my patient to "set her house in order," expecting at every subsequent visit to see what physicians are so often compelled to meet, viz., *Crape on the door*. At this time, while visiting another patient, I was asked to see a Cactus in bloom. The

flower was given me, and from it I prepared a tincture and gave my patient four drops every three hours, which decidedly aggravated her symptoms. I then gave the 8rd decimal dilution, with slight amelioration only. Following that I gave the 30th dilution. And (thanks to the immortal Hahnemann!) it was "like throwing water on fire." It is now the first of October, and my patient is well. During three months' treatment the Cactus was the first drug that restored the bowels and kidneys to a healthy action. Every vestige of the dropy has disappeared. The regurgitation has ceased and there are no abnormal symptoms remaining, except slight valvular murmur.

RECURRENT TUMOR OF UVULA.—REMOVAL.

BY H. C. FROST, M.D., BUFFALO.

In February, 1878, Dr. Boardt of this city, brought a patient for operation of whose case the following is a description. Boy, æt. 4 yrs. 6 months, of German parentage, ill-nourished. Both father and mother were suffering from constitutional syphilis; the father having syphilitic ulcers on leg, and psoriasis in flexures of knee and elbow-joints, and on palms of hands and soles of feet. The mother had a large well developed condyloma at anus. In December, 1877, the boy complained of a lump in his throat, and difficulty in swallowing. The mother on looking into his mouth, discovered a large lump over root of tongue, she consulted a physician in her neighborhood, who prescribed a gargle. The growth continued to increase in size, and the symptoms it occasioned became more troublesome. When I saw the boy, the tumor filled the back part of the mouth and the fauces. When supine it gravitated into pharynx, causing great difficulty in breathing. On several occasions it had bled quite freely. I removed it with the wire causer. The only trouble experienced was in getting the wire around the pedicle. The hemorrhage following its removal was considerable for a few minutes, so I applied the actual cautery, introducing it through a glass speculum. The tumor appeared precisely similar to those gelatinous polypi found in the nasal passages.

Nine months after the removal of the growth, the boy was again brought to me, with another growth taking its origin from the same surface. It was about the size of a hickory nut; the base or pedicle was much larger than that of the first, and its external characters were entirely different. It resembled a fungoid growth of the brain, was of a dirty greyish color, its surface warty and dotted over with several small ulcers, which bled on the slightest provocation. I put around its base a rubber ring small enough to make considerable constriction. Two days after, when I next saw the patient, the tumor had shrivelled to about half its former size. The fifth day the mother brought the boy to me and said that that morning, when he arose, the tumor was gone, so I supposed it had become detached during the night and that he had swallowed it in lieu of a better bolus.

I should not attempt to use the ring on another case, it being very difficult to place, but would use a rubber ligature. Have put the boy on the *Protiodide of Mercury*, third trituration, with a daily dose of the iodide of potassa.

LATERAL LITHOTOMY.—SEQUESTRA OF BONE FOUND INSTEAD OF CALCULI.

H. C. FROST, M.D., BUFFALO.

In January, 1878, I was asked by Dr. Hoxsie, of Buffalo, to sound a boy for suspected calculi. The boy was of German parentage, æt. five years, with large and singularly formed head, the vault being exceedingly broad. He was pale, and much emaciated. Had suf-

fered from "bladder trouble" for nearly a year, being most of the time under the care of Canadian physicians. He had never been sounded, although the symptoms of stone were marked. Four months previous to our examination, he had an abscess point and break just below Poupart's ligament, and at a point where psoas abscesses usually discharge. This continued to emit pus for over three months, but when we saw him there was a well-formed cicatrix, and but slight remaining induration.

On sounding, we detected a hard substance in the bladder which we supposed to be a calculus. A few days after I operated on the boy by the left lateral method. The bladder was quickly entered without difficulty, but instead of finding the wished-for stone, I extracted two pieces of necrosed bone, one nearly circular and about the size of a silver three cent piece, the other about half an inch long and from two to three lines in width. The boy made a rapid recovery, and to-day is in good health.

Query—from what source did these bones come, and how did they find their way into the bladder? My opinion is, that the abscess that pointed in the groin was one of those called psoas; that the exfoliated plates of bone were the result of a diseased vertebral body; that they found their way into the theca of the psoas muscle, and from there worked their way to and through the lateral wall of the bladder. Can any one suggest a more reasonable solution? The case seems to be unique,—so far as my reading will allow me to judge.

TRANSLATIONS FROM GERMAN JOURNALS.

BY G. OEHME, M.D., TOMPKINSVILLE, STATEN ISLAND.

1. *Clinical Cases*.—A man had toothache for three days. It was worse after eating, also nights, so that he had to sit up in bed part of the night, in order to get some relief. He could give only an interrupted description of his suffering, as he had to walk to and fro and to rinse frequently his mouth with cold water, to give temporary relief. Appetite good, would like to eat, if it did not increase the pain. The stinging, jerking, burning, pain was on the left side, at first only in the lower jaw, afterwards alternately in the lower and upper one, extending to the ear. He had only a few sound teeth, but many decayed ones. The gum was not swollen, inflamed or sensitive on the painful part; no sensitive place on either jaw. Whenever sick, he likes to retire from his family. *Bryon*. 2x, two drops every hour cured completely within four or five hours. Slept the whole night.—Hirsch. *Ztschrift*, 27, 182. E. Lewi.

2.—A young man of twenty commenced six or eight years since to have frequent attacks of pain in his stomach, probably in consequence of mistakes in diet or from getting wet or chilled in hunting. When he confined himself principally to a light vegetable diet, he was much better, but as this did not satisfy his immense hunger, he ate hearty food and meat. This and immoderate drinking increased his disease. His physician supposed he had a tape-worm and administered a regular tape-worm treatment, but no worm passed off.

Status præsens: continuous, pressing pain in the fundus ventriculi, as if from a stone, at times better, at times worse; better after, worse before, eating; the more he eats at a meal the longer the amelioration continues, and the more hungry he is, the worse the pain. It is better when lying, worse when sitting, still worse when moving. When perspiration is produced by exercise, or when he gets warm in bed, the pain is better and sometimes entirely absent. New bread with butter, or meat causes more pain than any other food. Appetite good; slight constipation. Diagnosis: probably erosion of the mucous membrane. *Arg. nitr.* 3 dil., three drops four times a day, and a simple nourishing diet, not much meat. At night a wet compress over the bowels. The

pain soon subsided. Recovery in a few months.—Hirsch. Ztschr. 27, 137. *Mosca*.

3.—A strong man of thirty-two, with black hair, took cold in the fall and had a cough. He had frequent attacks of tiredness, chilliness, pain in the head and limbs, and dizziness; also occasional pain in back and chest. Diminished appetite, sensation of fullness and pressure in the pit of the stomach. These complaints grew much worse in Dec., and he further complained of burning pain in the stomach and chest, drawing and stinging through the chest, pain in the bowels, especially in the evening till midnight, with frequent urging to urinate. The urine scant, yellowish, turbid, causing violent burning. Sleep not until after midnight, on account of shivering and cold feet. Uneasy, dreamful sleep. *Colchic. 5.*, three times a day, improved considerably in two and cured in four days.—Hirsch. Ztschr. 27, 131. *Schelling*.

4.—A man of sixty-nine, frequently subject to stomach and abdominal complaints, had had for three months pain in the back and small of the back, frequent urging to urinate and burning while urinating. Status presents; burning in the stomach and chest, little appetite, pressure after little food, bloated stomach, pain in the pit of the stomach, frequent passing of fetid flatus; frequent urging to urinate, burning while urinating, urine scant, dark yellow, turbid, forming white flakes in standing; night and day violent tearing, stinging pain in the back and small of the back, with jerking into the thigh and knee, especially on the right side. At night difficulty of finding an easy position; sleep none or uneasy and short. Constant chilliness, cold limbs; face bluish gray, lips dry, purplish. *Colchic. 5.*, every three hours one dose, improved in one day and cured in a few days.—*Ibid*.

5.—A sea-captain of ninety, active, of small stature, became dropsical. Water in the limbs, face, chest and abdomen; had to sit up, being unable to lie. Cough with expectoration. All remedies seemed ineffectual and death imminent. *Ol. Terebin.* in drop doses, but he took the medicine on his own authority by the teaspoonful. The urine passed off in large quantity, he recovered entirely, and lived three or four years longer, when he died of old age.—Hirsch. Ztschr. 27, 102. *Lembke*.

6.—A man of sixty-eight years had dropsy; face, abdomen, and limbs swollen; he could not lie down; no appetite; urine scanty; cough. Many remedies ineffectual. *Squilla tinct.*, ten drops every two hours, cured in one week. *Ibid*. Dr. L. has used *squilla* with success also, when albumen was present in the urine.

CRURAL PHLEBITIS.

BY S. BISHOP, A.M., M.D.,

(Read before the McLean, Co., Ills., Medical Association.)

This disease has a history going back to the year 1603, and it is a matter of surprise that for a period of more than two centuries, it should have been so imperfectly understood, and, until within our own time, it should have had no better names than, white leg, swelled leg, puerperal tumid leg, anasarca serosa, buckenemia sparginosa, phlegmasia dolens, phlegmasia alba dolens, phlegmasia lactea, oedema lactium and the like.

If at last we have come to the true pathology of the disease, it seems to be about this. The endangium—inner coating of the vein—first becomes inflamed and consequently thickened, thereby narrowing the calibre of the sanguinary channel. From these tumid walls of the vein there exudes quantities of plastic lymph, which attaches in membranous form, lessening the channel still more, and to complicate and contract still farther, serum is now poured out from the outer or fibrinous coating of the vein into the cellular sheath in which it runs, thus firmly packing it, with the nerve and other accom-

panying vessels. In this condition the efferents are wholly inadequate to pass along the torrents of blood which are supplied them through the great femoral artery, the profunda, the tibial and other branches, by the now powerful contractions of a fever infuriated heart. As a consequence firm emboli of blood are lodged here and there and thus, all in all, the circulation is interrupted almost as much as it might be under the pressure of a tourniquet. The inguinal region now becomes tumid and shortly thereafter the whole thigh and leg may become enormously swollen, tense, white, shining and hot, though not always hot. This swelling is at first unyielding or elastic. But the impaired circulation is soon followed by much effused serum into the whole cellular tissue of the leg. These pathological conditions are not always first manifest in the groin. Sometimes they are in the calf first. Generally the left leg is first affected, then the right, unless the morbid process is arrested by some remedial agent.

The disease having been fully established, the pulse ranges from 100 to 140. The limb is now very painful especially along the tract of the affected veins. This is just what might be expected, the nerves accompanying the veins and ensheathed with them in a common fasciculus, being hard pressed by the impacted serum and swollen tissues of adjacent parts.

Crural phlebitis in the lying-in patient is generally a metastasis of uterine inflammation, or more properly speaking, inflammation extended by contiguity through the uterine veins into the iliacs and on to the crurals, the whole thing, perhaps, chargeable to rough handling, or some dystocia at the time of labor and delivery. But while this disease is usually found between the first and fourth week after confinement, it sometimes shows itself a few weeks before that time. These cases are probably induced by the great pressure of the gravid uterus upon veins communicating with the leg. Severe chronic diseases of any of the abdominal viscera may result in crural phlebitis, as also may a lesion or wound, either incised or contused in any part of the body, in any sex or age; but not necessarily crural phlebitis; but phlebitis of those veins occupying the nearest relation to the lesion. Every time we ligate an artery there is developed a certain amount of phlebitis; but fortunately in such cases just enough to answer the ends for which we ligate, viz: the union of the disrupted endangium and the formation of a plug of lymph, which becomes as it were, a sealed cork—an effectual barrier to any onward flow of blood. No doubt phlebitis may be induced by exposure to cold or by any sudden change of temperature; and by other causes too, some of which, perhaps, may be quite occult.

Diagnosis in this disease, especially the utero-crural form of it, is not difficult. The patient has had previous rigors or chills and now the heart is almost frantic in efforts to keep the circulation good, *volens nolens*. There is great irritability, depression, thirst and want of appetite. The leg is swollen and painful. The pain, it may be, is in the calf. On flexing the limbs and endeavoring, with the hand to shake the calf of the affected leg, it will be found not loose and flabby like that of the other leg; and if now the calf is pressed hard up against the tibia the patient will cry out from pain. It may be the femoral vein, or rather the ensheathed vessels with it, can now be traced from the groin down the thigh feeling hard and rolling under the fingers like a cord. If so it is a plain case and the attending physician may next ask himself the question, what of the prognosis? and he may think too, what of the pay? Shall I ever get it, or even thanks for my pains-taking, patience and skill in the treatment of a disease so grave? But should the malady already be very far advanced, he may soon be relieved of any farther responsibility, the patient suddenly dying, perhaps as she raises herself in bed. There may be slow and tedious suppurative fever resulting in pyæmia or even septicæmia. However, the great majority

of even severe cases in this disease, get well; though the swollen and disabled limb may be months before it is quite restored. The disease, recognized in the earlier stages, ought to have a favorable prognosis—especially if recourse is not had to leeches, blood-letting, blistering and the like after the old style, but to the well selected homœopathically indicated remedy, in conjunction with good nursing and proper hygienic measures.

In the treatment, a reclining position, the limbs being elevated to a slight angle with the body, is very important. And the patient should be strictly enjoined to keep this position until well, else, if she stand on her feet too soon, there may be relapse, the veins implicated not yet being prepared to endure the strain of supporting such columns of blood as they are subjected to in the upright position.

For internal medication the following remedies are thought of, and selection made according to indications in each individual case: *Arn.*, *Arnica*, *Apt.*, *Bell.*, *Bry.*, *Chamomilla*, *China*, *Calc carb.*, *Curare*, *Hamamelis*, *Lachesis*, *Lycopodium*, *Mercurius*, *Phosphorus*, *Secale*, *Staphysagria*, *Sulphur*.

If the disease was caused by rough handling or by undue pressure of the fetal head on the pelvic vessels, *Arnica* will doubtless be the remedy. The drugs that we know have a very special action on the veins are to take the first rank in the treatment of this disease. Such are the serpent poisons, that of the honey bee, *Curare*, *Secale*, *Phosphorus*, *Mercurius*, *Arsenicum*; and not least, *Hamamelis Virginicus*, externally and internally.

A typical case with treatment was C. V. S., delivered of twins June 29, 1877. The labor was hard and quite protracted. There seemed to be inertia of the womb from its enormous distention.

Finally, after considerable delay and exhaustion to no purpose, instrumental assistance seemed demanded, and after a little difficulty in adjusting the forceps, labor was soon successful in the birth of the first child; and soon thereafter in a natural way there came also the second child. Between the birth of this and the delivery of the placenta only just a few minutes, there was fearful hæmorrhage. The mother seemed much depleted thereby, but soon rallied, and was thought to be doing moderately well until the middle of the second week. At that time occasional chills and prostration began to evince that something was wrong and in a few days more it was quite evident what was to pay. *Arsenicum* had seemed indicated and been given with some little apparent good effect as also *Bryonia* still later. But these remedies having failed to arrest the disease, something different was now demanded and at the suggestion of Dr. McCann Dunn, *Hamamelis*—Pond's extract,—was now given in ten drop doses, with also external applications of the same. This was immediately followed by very marked and continual improvement. The right limb was affected in turn, but neither leg suffered to any very great extent, and had not meddlesome women interfered with my designs in keeping the patient on her back, she would no doubt have recovered much sooner than she did. As it was, she was about well in six weeks from the time of attack.

GLEANINGS FROM EXCHANGES.

BY W. Y. COWL, M. D.

Dr. A. L. Loomis, in an article on the Climatic Treatment of Phthisis, reaches the following conclusions:

In some cases a warm, in others a cold climate, is needed.*

It is not the mean temperature, but the absence of sudden and frequent changes in a place, that is of such great importance.

The regions of pine forests are salutary, because of the purity of the air, maintained by the great oxidizing

* A fact to be determined only by the experience of the individual previous to the inception of the phthisis.

and consequent disinfecting power of the ozone that is present in such unusual amount, owing to the abundance of turpentine.

Individuals in whom the processes of tissue-change do not require hastening are better in the mountains than on or by the sea.

Persons past middle life in whom phthisis has been developed, do better in sea than in mountain air.

Phthisical invalids should not go to the mountains unless they are capable of considerable muscular activity.

As a rule, phthisical individuals with an exhausted nervous system, with an overtaxed brain from excessive mental labor, or an all-absorbing occupation, yet who still retain considerable latent muscular power, will improve in the mountains, while those whose processes of tissue-change require hastening or stimulating, they being in too feeble a condition to take active muscular exercise, should go to sea.

Sea air is better suited than mountain air to those who cannot bear sudden changes of temperature, while the susceptibility to such changes is greatly lessened by mountain air.

Permanent improvement results only from a prolonged stay in the proper locality. Annual change is unadvisable.

Cases of fibrous phthisis in every stage often reach a condition of comparative health, when they take up their residence in regions having very high altitude, as in Colorado. The benefit which asthmatic and emphysematous invalids derive in these regions is most marked.

Invalids most markedly benefited by a sojourn during the winter months in a southern climate were those convalescing from some acute pulmonary affection in whom the delayed convalescence raises the fear of phthisis. His favorite places being Aiken, S. C., Palatka, Enterprise and Gainesville, Fla., and Thomasville, Ga.

The best results in the stage of consolidation of the catarrhal form of phthisis have been reached in those who have made a prolonged stay (1 to 3 years) in mountain regions with an elevation of 1,500 to 2,000 feet, as at Asheville, N. C., and the Adirondacks, N. Y.—Am. Med. As., 1878.

Dr. Palmer, of Lockport, N. Y., has used subcutaneous injections of fluid extract of ergot in goitre with success.—Am. Med. As., 1878.

Prof. J. S. Newell, of Chicago, concludes, in opposition to Dr. Brown-Sequard, that there is a decussation of the motor tracts in the brain; that motor impulses are sent from one side of the body to the muscles of the other side of the body; and that paralysis of one side co-existing with lesion of the opposite cerebral hemisphere are not inhibitory paralyses.

Again, *per contra*, he decides that the theory of localization of functions in the cerebral cortex is now established upon a permanent basis, being in accordance with the logical argument of Mr. Herbert Spencer, and proved by the labors anatomical of Lewis Clarke, and physiological of Fritsch Hitzig and Ferrier.—Chic. M. J. and Exam., July.

In chronic cystitis in the female with intense dysuria but unaccompanied by peritonitis, cellulitis, or metritis, rapid dilatation of the urethra, repeated if necessary, and followed by daily injections of water at 112° F.—Chic. M. J. and Exam., July.

Ovotomy is the latest name for Dr. Thomas' operation of Leparo-elytrotomy.—Dr. Parvin, Am. Med. As., 1878.

M. Grichet, of Paris, has lately determined, from a very extensive series of experiments upon a man who

had undergone a successful gastrotomy for stricture of the œsophagus, which soon became impermeable, that the acidity of the gastric juice is due to hydrochloric acid which in the stomach reacts with its mucus and forms hydro-chlorate of leucine; that fermentation does go on in the stomach, and in inverse ratio to the amount of gastric juice poured out, that this fermentation is an acid one, and that the acid formed may be lactic, butyric, tartaric, etc.—*Chic. M. J. and Exam.*, July.

Varices may be radically cured, without danger of phlebitis, by injecting 20 minims of proof-spirit behind the vein, which is lifted with a fold of skin. Rest is the only after-treatment. In a few cases one injection suffices.—*Chic. M. J. and Exam.*

Mr. Spencer Wells has distinctly succeeded in lowering high temperature after ovariectomy only by the application of ice or iced water to the head, run through a cap made of linen, enclosing a coil of india-rubber tubing. The temperature falls markedly within an hour.—*Hosp. Gaz.*, Sept.

In the persistent sleeplessness of Melancholia, with extreme anxiety, terrible hallucinations and general asthenia, Camphor in hypodermic injection of about one grain (dissolved in oil of sweet almonds).—*Med. Times and Gaz.*, July 27.

In the soda treatment of burns, a saturated solution (R. Sod. carb. 5 j. Aquæ 5 viii) must be used; weak solutions have failed.—*Hosp. Gaz.*, Aug. 15.

Prof. Virchow has retired from active political life.

AN ANTIDOTE TO PICRIC ACID.

Salicylic acid and Salicylate of Soda (gr. xv., five times a day) have caused a prolonged although temporary inability to erect the penis, and were antidoted by Damiana.—*Hosp. Gaz.*, Aug.

The advantages of thymol as a surgical dressing are that it has not yet been found to produce intoxication, and does not produce eczema as carbolic acid, which, on the other hand, seldom intoxicates, has a good antidote in the so-called Sacrate of Lime (lime and sugar), is cheaper, and does not attract the flies which so infest and infect the thymol dressings.

TREATMENT OF DISLOCATED MUSCLE.

1. Accurate diagnosis of muscle affected.
2. Extreme relaxation of muscle.
3. Reposition by firm manipulation, rubbing, kneading with the thumb, etc.
4. Pressure on muscle while put on the stretch.

Br. Med. Jour., July 12.

Sea-sickness can be prevented by applying three coats of ricinated collodion (collodion containing ethereal extract of Ricinus com.) over the epigastrium on each side as far as a line extending vertically from the nipples, below as far as the umbilicus and above for an inch higher than the costal border. The same is useful in the vomiting of peritonitis.—*Chic. Med. Jour. and Exam.*, Sept.

Dr. T. Gaillard Thomas concludes with regard to "Intravenous Lactal Injection," that it is perfectly feasible and safe, and enables us to avoid most of the difficulties and dangers of sanguineous transfusion. Eight ounces of milk removed but a few minutes from a healthy cow is first passed through a glass funnel into a rubber tube ending in a very small canula, which is introduced into the vein. A chill commonly follows, succeeded by a rapid and marked rise of temperature, which soon subsides as the improvement shows itself. It can be used with great benefit in any disease with rapid asthenia as Cholera, Pernicious Anæmia, Typhoid Fever, etc.—*Monograph*.

The nasal douche can be used without danger of acute otitis media, and obtain perfect cleansing or medication.

1. Use a warm solution of Bicarbonate of Soda (gr. xxv., ad. 3 j).
2. Never use salt water, which often excites otitis media when it enters the tympanic cavity, as the soda never does.
3. Never use the douche when there is a recent nasopharyngeal catarrh.
4. Use a glass syringe holding about an ounce, with bulbous nozzle of hard rubber and piston of metal with thumb-ring handle.
5. Never use an intermittent syringe as Davidson's, nor an uncertain one as the hydrostatic.
6. Place head erect and steady it externally.
7. Put nozzle at less pervious nostril.
8. Patient must breathe quietly and begin to sound the vowel oo before injection.
9. Never use the douche longer than half a minute.
10. Patient must not blow the nose directly after the douche, and if the weather is cold or windy, stay indoors, or plug and cover the ears.—*Dr. Weber Liel, Lect. on Otology, Univ. Berlin. Chicago Med. Jour. and Exam.*

Dr. Croom, of Edinburgh, groups the causes of retention in the female in the following order: 1. Injuries or contusions during labor acting directly or later on; 2. Pressure from displacements or tumors; 3. Injuries or growths acting reflexly; 4. Nervous diseases; 5. Obstruction to canal. And gives these hints: 1. A vaginal examination is necessary, visual if needed; 2. A gum catheter is best; 3. With pressure from tumors, etc., remember altered curve of canal.—*Ed. Med. Jour.*

The application of the induced current directly to the cut tissues through a sponge, in amputations, etc., where Eschmarck's bandage is used before its removal, will often prevent the obstinate hemorrhage sometimes following the use of that tourniquet.—*Phila. Med. Times*.

Fifty-two consecutive successful cases of lithotomy are reported by Dr. Alan P. Smith, of Baltimore, of which twenty-three cases were above the age of ten years. The lithotome invented by his father, Prof. Nathan R. Smith, was used in all but six cases, and to its use he ascribes in great measure his extraordinary success. Operation is not performed during low barometer; no drainage tube is used; the first incision is free; the dressing, carbolized oil; opium is freely used after the operation.—*Va. Med. Mo. Sept.*

A case of incessant hicough lasting fifty days was cured in five minutes by powerful pressure upon the epigastrium, after all other conceivable means had failed.—*Pacific Med. and Surg. Jour.*

Tapping of a large vomica has been performed in a case of Phthisis, with the removal of two pints of fetid pus, and great improvement to the patient.—*Hosp. Gaz.*, Sept. 19.

PRURITUS VULVÆ.—Dr. Butt, of Alabama, recommends as almost a specific in this painful and troublesome disease a poultice made from the leaves of Tansy and applied hot. It has succeeded where everything else has failed.

THE neutral nitrogenous substance called pepsin acts upon the albumen taken into the stomach, which also belongs to the nitrogenous group.

GONORRHOEA.—Lecchini recommends for acute gonorrhea two injections daily of a solution of chloral hydrate (1-100). He claims it relieves rapidly the most troublesome symptoms and even effects a cure after a few injections.

The Homœopathic Times.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

THE HOMŒOPATHIC TIMES.

With the present number commences the seventh volume of our publication. The plan marked out in the commencement we have endeavored faithfully to follow. We have aimed to make our journal a *medical newspaper*, reflecting faithfully the progress of our profession. Earnest men of diverse views have found the *TIMES* a mouthpiece through which to speak their thoughts to the public. The presentation of all sides of a subject, in a spirit of frankness and courtesy becoming professional gentlemen has not been without practically good results. The *TIMES* is the organ of no faction or clique. All earnest seekers after truth who have something to say of interest to the profession, and who can say it in a spirit of courtesy, are cordially welcomed to its columns. The editors are alone responsible for their own views, presented through editorials, book reviews, and general items of news.

Every dime of our receipts is faithfully and carefully expended in improving our journal, the editors retaining nothing for their services, which are sometimes arduous and perplexing. Evidences of our increased prosperity may be seen in the *Retrospect* commenced last year and in the new dress in which the journal is now presented. The change of type enables us to give nearly twice as much reading matter as before. The success of the *TIMES* has warranted these expensive improvements, and they are made without additional cost to its patrons. A good metropolitan medical newspaper is a necessity in our profession. Like the central telegraph office, it flashes over the country the intelligence from the converging lines from every part of the world. The quality of the information and the amount given depends upon the profession itself. The *TIMES* will only be too glad to garner in its columns the best thoughts of the profession and the latest advances in the world of medical science and give them as wide a circulation as possible. With a little effort on the part of its friends in increasing its subscription list and furnishing interesting matter for its pages it will be easy to make the *TIMES* the leading medical journal in the world.

THE CODE OF ETHICS.

We do so wish that the members of our fraternity would make themselves more familiar with the "Code of Ethics"! If they will look they will find that "the great principles upon which medical ethics are based are these: * * * *"

"The rule of conduct of * * * * physicians towards each other should be the golden rule: 'As ye would that men should do to you, do ye also to them likewise.'"

"The various articles of the code are only special applications of these great principles."

There is too much disposition on the part of many to be arrogant, and to insist upon the adoption of their views by others. Eccentricity and matters of doubtful justice too frequently appear, and from these differences of opinion, involving almost irreconcilable positions, bitter feelings are engendered, and in such cases the "code" provides that

"ARTICLE VI. SECTION 1. Diversity of opinion and opposition of interests may in the medical, as in other professions, sometimes occasion controversy, and even contention. When such cases occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a court-medical."

THE RUSSIAN PLAGUE.

The plague which has recently burst into life in Southern Russia after a sleep of centuries has startled the world by its close resemblance to the "Black Death" of the fourteenth century. The resemblance is so marked as to leave no doubt that it is the same disease; in fact, it has been distinctly traced from its old haunts in China through Persia to the Volga. No disease with which we are acquainted has ever proved so fearfully contagious and so terribly malignant as the "Black Death." The inflammatory boils and buboes starting in the groins and axilla soon poisoned the blood of the entire system. The tissues lost their vitality and the black spots (which gave the disease its name) of extravasated blood appeared all over the body. Blood extravasated into the stomach, the intestinal canal, and into the tissues of the brain. The tongue and jaws became black, and no beverage could quench the burning thirst. The pestilential breath of the sick, who expectorated decomposed blood, spread the contagion. So virulent was the poison that death often followed the attack in a few hours. Starting in China, it spread from nation to nation throughout the known world, leaving everywhere a track of putrid corpses. In China its victims numbered thirteen millions. India was depopulated; Tartary, Syria, Armenia, were covered with dead bodies. Cairo lost daily from ten to fifteen thousand people. Throughout the East, besides the thirteen millions in China, there were seventy-four millions of victims. Europe lost twenty-five millions of inhabitants during the prevalence of this storm of death. It did not confine itself with a single visitation, but dying out in one place from lack of victims, it would flash up in another, and even reappear in its old haunts.

The appearance of this fearful scourge in Russia during the past year shows that the causes of its production are still at work, and that now, as in the fourteenth century, the pestilence, kindled into life in some spot favorable for its production, may speed on its wings of death until it has girdled the earth. The yellow fever which during the past year desolated the South has given us a loud warning, which we shall do well to heed, to guard against the breath of the pestilence wafted to us from foreign shores or kindled in our own midst. The American Ministers to Austria and to Russia report that the disease has manifested such an extremely virulent and contagious character that great alarm exists in the whole of Eastern Europe, and urge upon the government the necessity of taking measures to prevent the possibility of the introduction of the disease into the United States. The measures already taken by this government for preventing the importation of goods from the infected districts, except under proper precautions, are for the present considered sufficient for this purpose, especially if the ports of entry are kept free from the unsanitary conditions that favor the spread of epidemic disease.

THE INDEX CATALOGUE OF THE NATIONAL MEDICAL LIBRARY, AND THE CENSUS FOR 1880.

This library is the largest in the United States, and one of the most valuable in the world. It is a matter of congratulation to the profession that in the "Sundry and Appropriation Bill" of the last Congress provision has been made for the publication of the first two volumes of the index catalogue of the library. The volumes will contain about one thousand pages each, and as the matter is all ready for the press it is thought they will be issued by June, 1880. Now that the catalogue is fairly under way, there is no doubt that provision will be made in due time for the entire index, thereby opening the riches of this vast library to the world. To authors, medical journals, and libraries the work will be of especial value.

Another important bill has also passed the last Congress, that providing for the census of 1880. Provision is made for the securing of statistics of disease as well as mortality. It will be readily seen what a wide field this opens for the careful and intelligent study of local disease and the rise and progress of epidemics. It is an important step towards the organization of a proper National Health Board, unsectarian in its character, which will be enabled to utilize the facts gathered from the census, State and County organizations, and devise and put in force, through the proper channels, sanitary regulations of the utmost importance.

The various departments of Science are so closely linked with each other that the advance of one necessitates to a certain extent the advance of all. So long as human intelligence is progressive, the spirit of the age will rapidly seize hold of the practical results of scientific thinkers, and force all professions, claiming to be scientific, into more complete and thorough organization and useful work for the public good. Leaders of public thought must be in harmony with the progressive spirit of the age or they will soon find themselves no longer leaders, but trampled under foot by the onward march of a world which expects and will have honest practical work.

MICROSCOPIC INVESTIGATIONS OF TRITURATION OF METALS AND OTHER HARD, INSOLUBLE SUBSTANCES.

BY C. WESSELEHOEFT, M. D.
(Extracted and translated from the German by T. C. Fanning, M. D.)

The intention is to investigate a matter to which as yet no definite conclusion has been reached at.

The hypothetical endless divisibility of certain substances, as well as their actual behavior under our customary methods of division, appears upon investigation

to be very diverse, although the latter has hitherto been regarded as unvarying.

We ought not to be in any uncertainty as to the actual nature of the substances and preparations of which we make daily use, even if we must needs admit results at variance with usually received views, or contrary to that which we would prefer to believe. Should we be obliged by these conclusions to banish from the *Materia Medica* a few triturations, hitherto regarded as "medicinal preparations," and perform a bold resection of the symptom lists, as well as of the folios of the *Materia Medica*, because they are no longer ascribable to the imaginary medicinal substances, it will be of advantage to our homœopathy and assist in assuring its progress. Such a process of elimination should be fearlessly and freely begun by ourselves, in order not to "leave" it to our enemies, who, though far enough from the right track, would not fail eventually to reproach us with actual faults, and that in a less acceptable manner than if we had voluntarily undertaken the work ourselves. No one is better fitted to uncover the deficiencies in the application of our doctrine, than those who are most firmly convinced of its far-reaching truths; and no one can cherish such a conviction or effectively maintain it who is not at the same time conscientiously diligent in improving the technical and practical means of our art.

These means may be defective, or even useless, and still the general principle from which they originate, be true, and, supported by facts clearly demonstrable. But to be able to distinguish the actual from the apparent is just that for which the following observations were taken. They refer, not to soluble substances—though in relation to them there are still many open questions—but to insoluble, which, however, have hitherto been regarded theoretically as soluble in the 3d to the 6th triturations; a view which, by the tradition of half a century, has almost been raised to an article of faith. Here Hahnemann's remarks in respect to the trituration of insoluble substances are quoted from the *Chronic Diseases*, 2d ed., Vol. 1, pp. 180, 181, 185. Various observations have been made since Hahnemann's time to determine the effect of trituration upon hard, insoluble substances, especially upon metals. As these have been rather confirmatory than otherwise of H.'s views, they have taken such a hold upon physicians that a repetition of the experiments for a renewed proof or disproof has scarcely been thought of. Dr. Segin in 1838 investigated with a magnifying power of 75 diam. some triturations of copper filings, and reported finding the copper equally divided in the triturations, up to and including the 6th. In the 7th it was no longer visible.

Seguin was convinced by his few observations, which, according to the conceptions of the present day, were very incomplete, that our preparations still contain medicinal matter in very high dilutions, and that "only the incompleteness of our instruments prevents the perception of the moist particles."

Mayrhofer's observations were much more comprehensive and more carefully made. He subjected a number of metals to microscopic investigation (Vid. *Oester. Zeitschr. f. Hom.* Bd. 1, § 132, 1844). The aim of his investigations was chiefly to determine the effect of our mechanical process of trituration, in order to learn how far the diminution of the particles of matter can be carried.

M. is not of the opinion that trituration makes the reguline metals soluble, since the smallest particles continue visible, in regard to which latter, however, he himself raises a doubt. He believes that with each progressive trituration the particles are reduced in size, but does not believe that any further diminution is effected by succession; and hence there can be no solution, strictly speaking. At the most, there may be an assumption of the development of electric and magnetic potencies. Dynamizations he would call those preparations in which no medicinal substance is demonstrable.

M. concludes further that there is a limit to the mechanical divisibility of matter. Nevertheless, we have

reason to be satisfied with that which we accomplished "for the investigation of precipitated metals shows a diameter of the smallest metallic particles of $\frac{1}{1000}$ to $\frac{1}{1000}$ line, while the diameter of a blood corpuscle is $\frac{1}{100}$ line; hence, the cubic dimension of a metal atom is at least 64 times smaller than that of a human blood corpuscle."

Dr. v. Szontagh (Neue Zeitschr. f. Hom. Kl., Bd. VIII. No. 10-12, 1863). The 3d centes. trit. of Aur. met. showed only here and there small, mensurable particles, and upon looking very closely ("straining the eyes") a considerable number of smaller, punctiform particles.

The 3d trit. of Precipitated Copper showed much fewer metal particles than the 1st did; among them some of not inconsiderable size.

The 3d cent. trit. of Ferr. showed very few metallic particles, so that it was not certain that there was not simply sac. lac. under the lens.

Stann. 3x showed a greater number of metallic particles than the triturations of the other metals; most of them smaller than blood corpuscles.

There were very few visible particles in the 3d cent.

In the contributions here cited, as well as in others, more speculative, scattered through our literature the belief prevails, that the metals, though in a chemical sense insoluble, were yet still visible far up in the dilutions. Since the beginning of Homoeopathy and its method of preparing medicines, Hahnemann's views and teachings have been regarded as true and irrefutable, and the above mentioned observations have strengthened those teachings, or at least have been regarded as so doing, as our text books up to the present sufficiently prove.

Caspari, Gruner, Buchner and others, almost take for granted the rule that dilutions should be prepared from the 3d trit. Hirschel, as well as von Grauvogl, repeat this rule in their text books, and adduce numerous analogies, to show the probability of a progressive reduction of matter by trituration. At any rate, it has been regarded hitherto by all writers, as well as all physicians, as a matter of course that this is actually the case. Some rested entirely satisfied with the assumption of the possible solubility after trituration; others were of the opinion that thereby matter was deprived of its material substratum and transmitted to the vehicle its power or dynamis only, the medicinal substance of which being, by continued trituration, so much the more finely divided, while it gained proportionally in subtlety of action. This is all entirely natural; for the assumption of a progressive reduction as a result of trituration is apparently entirely justifiable in theory, since nothing could be more reasonable than that hard substances, by repeated triturations, should be reduced to the extreme of fineness. Those who investigated the matter felt obliged to confirm this hypothesis; but that was almost 40 years ago. Now, as our microscopic technic has since that time been greatly developed, it became time to investigate the subject anew.

In the older investigations insoluble substances only were considered; they are also exclusively the subject of these investigations, which do not refer to soluble substances, because they form an entirely separate object of investigation, requiring a very different method of research.

The subsequent investigation was provoked by a re-proving of *Carbo. veg.*, which is contained in the Am. Inst. Trans. for 1877. Since the pathogenetic result of that was far below all expectation, and as the *Carbo.* triturations appeared almost inert, an accurate microscopic investigation of the triturations, as well as of the pure *Carbo.* became an urgent necessity. The observations thus made showed plainly that the very faulty comminution of the *Carbo.*, as exhibited in the best triturations, must have been the cause of the almost negative results of the provings.

These and like facts led to the subsequent investigation of gold, copper, lead, iron, silica, &c. Here follow

general observations in respect to microscopical investigation of triturations:

"The following questions (in regard to triturations) are especially to be elucidated:

Do hard, insoluble substances attain a greater degree of subdivision or fineness by repeated trituration, and in proportion to the quantity of *Sac. lac.* and the time expended in triturating?

Are the substances so triturated soluble, as has been hitherto assumed, or can they be perceived in the dilutions obtained from the 3d trit.?

Are the pathogenetic, as well as curative effects of substances explainable from the subdivision actually attained?"

Carbo. veg.—1st cent. The largest particles have a length and breadth of about $\frac{1}{400}$ mm.—the smallest $\frac{1}{1000}$ to $\frac{1}{1200}$ m.m.

2d cent. Very much fewer particles visible, but enough to see and measure them accurately. The largest $\frac{1}{2000}$ m.m., the smallest not less than $\frac{1}{1000}$ mm.

Carbo. veg.—The 3d cent. trit. presented many difficulties. A great number of trials had to be made before a single particle of *Carbo.* could be discovered. After many fruitless attempts it was discovered, by careful, patient searching, that particles of *Carbo.* are present in the 3d trit. (perhaps one or two in a field.) The largest were $\frac{1}{400}$ mm., the smallest not less than $\frac{1}{2000}$ to $\frac{1}{1200}$ mm.

About one drachm of common charcoal was rubbed in a mortar without *Sac. lac.* for three quarters of an hour.

Of this trituration the largest particles measured $\frac{1}{100}$ mm., the smallest $\frac{1}{1000}$ to $\frac{1}{2000}$ mm.—hence the largest of these, in comparison with those of the 1st cent. trit. were almost five times, the smallest nearly twice smaller than those. This fact can easily be confirmed by any one who will take the little trouble necessary.

After finishing the investigation of *Carbo.*, which gave some unexpected results, several other substances were taken up.

Gold.—Much that was said by Mayrhofer and v. Szontagh in regard to *Aur.* is quite true and easily confirmed, especially in respect to *Aur. fol.* This latter (*Aur. fol.*) is very difficult to triturate, and by the customary method it is impossible to reduce it to an extremely fine condition. The question for us to answer is, whether *Aur. fol.*, triturated in the Hahnemannian manner, attains such a degree of fineness as to permit of the assumption—or better, hypothesis—of its solubility after the 3d trit.

After examining in the most careful manner many specimens of the 3d cent. trit. a particle of gold here and there was finally found. These particles measured not less than $\frac{1}{100}$ mm. As it was nevertheless possible that the gold might have attained an invisible degree of fineness, I had a series of six triturations prepared, in which the proportion of gold was materially increased; 20 gra. gold to 100 gra. *Sac. lac.* Otherwise the trits. were prepared strictly after the Hahnemannian method. It is not presumable that the greater quantity of gold could have been detrimental to the comminution of the metal, especially as the *Carbo. trits.* had shown that the comminution of the charcoal was greater, the less *Sac. lac.* there was used. Of the first trit. the larger particles measured $\frac{1}{100}$ to $\frac{1}{200}$ mm., while the very smallest were not less than $\frac{1}{1000}$ mm. in size. The remaining trits. were subjected to the same methods of examination, many times repeated. In every case the result was the same, the 6th trit. of *Aur. fol.* showing exactly the same size of gold particles as each of the others, viz., $\frac{1}{100}$ mm. to $\frac{1}{1000}$ mm. in length and breadth.

The above measurement of leaf gold particles makes it apparent that many are visible to the naked eye. Hence it may be asserted that *Aur. fol.* in the 3d trit. is anything but soluble, especially as we have seen from

the observation of the 6th trit., that no further reduction is effected, except perhaps of the coarsest particles, which in the higher trits, are less prevalent than the medium sized particles. As a matter of fact, after the 1st trit. there is no change visible in the size and shape of the particles; for, as in the *Carbo trit.*, the intervention of the *Sac. lac.* hinders the comminution of the metallic particles.

Aur. precipitat., says Mayrhofer, is much more easily triturated than *Aur. fol.*

In the first trit. the particles are $\frac{1}{1000}$ to $\frac{1}{10000}$ mm. or at the utmost $\frac{1}{10000}$ m.

It is not to be forgotten that such particles are very minute, as a mm. is $\frac{1}{1000}$ of an inch. Nevertheless, such particles are far from being the smallest, which are very plainly to be seen and measured under the microscope.

The 2d trit. of *Aur. precip.* shows the particles with perfect distinctness, but less numerous, there being 100 to 130 at once in the field, and of exactly the same dimensions as those of the 1st trit., i. e., $\frac{1}{1000}$ to at the utmost $\frac{1}{10000}$; this measurement being unchanged by the most careful repetition.

The 3d trit. gives but three to five particles in a field, and this result is only attainable by very patient search. In many cases the gold in the 3d trit. is not to be found at all; still, when found, the particles did not vary in size or shape from those of the two previous triturations.

After these observations had been made, under the preconceived opinion that the gold had been brought by trituration to the degree of fineness observed, it occurred to subject the pure precipitated gold powder to observation without any admixture of *Sac. lac.*; *Mirabile dictu* the particles were exactly the same in size as those in the three triturations investigated; hence the trituration, though conducted in the best manner with *Sac. lac.*, had not in the slightest degree diminished in size, or otherwise altered the particles of precipitated gold.

It began to be evident that trituration with *Sac. lac.* does not comminute metals and other substances beyond a certain point; and further, that such substances undergo no change, either in form or substance, by this process, when they are primarily in a state of very minute division.

Cuprum.—In this, just as with gold, it became evident that trituration did not alter in shape or size the particles of precipitated copper; the larger particles having a diam. of $\frac{1}{1000}$ mm., the smallest of $\frac{1}{10000}$ mm. These numbers are so stated that the largest are rather larger, the smallest certainly no smaller. Hence the average copper particle is about $\frac{1}{1000}$ mm.

Plumbum.—Various preparations of *Plumb.*, with varying proportions of *Sac. lac.*, were made, with the same or similar result as to divisibility, i. e., the limit of divisibility was reached in the first trit., and by diminishing the amount of milk sugar used in proportion to the lead the comminution of the latter was facilitated.

Mercury.—By treating metallic *Mercury* with *Canada balsam* (a particle of *Mercury* the size of a pin-head to a large drop of balsam) the *Merc.* could be obtained $\frac{1}{10000}$ to $\frac{1}{100000}$ mm., whereas rubbing by the hour, with a quantity of *Sac. lac.* in a mortar, remained without other than a coarse subdivision of the metal as the result.

Ferrum.—Iron, investigated in many ways, shows after trituration almost the same characteristics as gold. In size the iron-particles are like those of *Aur. fol.*, and were unchanged in size or form in three triturations.

Silicea.—*Sil.*, as the hardest of our common medicinal substances, was likewise made a subject of investigation in respect of its imputed triturability and solubility. A detailed description of the result is to be found in the N. E. Med. Gaz., June, 1878.

Pure *Silicea*, as obtained from the pharmacies, appears in the form of a moderately fine powder, obtained by precipitation from a *Kali* solution. The particles vary

greatly in size, from the $\frac{1}{10}$ mm. to almost $\frac{1}{10000}$ mm. Trituration has no effect except to reduce the size of the coarser particles.

Conclusions.—Viewing wholly objectively the results attained, we soon reach the conclusion that metals and other hard insoluble substances do not, as has been generally believed hitherto, attain a very extreme state of subdivision by progressive trituration with *Sac. lac.* If such substances are primarily in the condition of fine powder, they undergo no further subdivision by trituration with *Sac. lac.*; nor, indeed, does this occur from trituration without *Sac. lac.* in the case of the finest metallic powder. In other cases the metals suffer no further comminution after the 1st trit. The attainable fineness depends on the quantity of *Sac. lac.*; the less of that used the greater the subdivision attained. In triturations in the proportion of 1 to 100 the power of the pestle is expended entirely upon the *Sac. lac.*, the interposition of which prevents the crushing of the other substance.

The idea, hitherto hypothetically assumed, that it was possible to dissolve in water and alcohol, metals, etc., reduced to extreme tenuity, must be abandoned, since no very considerable tenuity can be attained by the method of trit. hitherto in use, especially in view of the fact that the particles of matter so produced belong to the coarser class of microscopic objects. Hence we are forced to the further conclusion that, as regards such solutions, it is impossible that from them dilutions and so-called dynamizations should be obtained, not even by carrying the trituration far beyond the 3d. Further, as regards the practical application, the 3d cent. trit. is the limit to which any particles of matter reach. Trituration is an excellent and sure method of determining the size of the dose, of less account for obtaining any considerable division of matter. Hence it is and remains impossible to prepare dilutions from such triturations. The hypothesis, or, indeed, belief in respect to the transmission of the material force to an inert substance, as e. g., *Sac. lac.*, water or alcohol, after the disappearance of the matter itself, can have no weight with those who have to deal, as physicians do, with matter and material organisms, and who have gained the conviction that a force cannot be imagined independently of a material basis.

If this is the case, the question arises, to what extent are the profusely recorded pathogenetic and curative effects to be attributed to these insoluble substances? This question is most consistently answered in saying that in accordance with the best human knowledge, and the most indubitable experience, every pathogenetic or curative effect after the use of a drug, arises from some matter present. If this matter is not so finely divided as was assumed, in accordance with our reputed hypothesis, still, we know now the particles of matter in question must be small enough to reach the inner histological structures, to act upon them and to set up reaction, and that they can reach wherever a blood corpuscle is able to go. We may assume too, that those particles of matter are soluble in the gastric juice and other secretions, but not that they are dissolved by water or alcohol from the 3d trit. before they reach the organism. In this respect indeed, we are in great uncertainty, which only accurate experiment can settle. It were extremely desirable, e. g., to know whether gold, copper, &c., as such, must actually reach the circulation to develop its pathogenetic effect? Further, are these metals injected in the form of powder into the veins, to be found in the urine and in what form?

This should and will soon be investigated, if, as is quite possible, it has not already been done. At present, our knowledge only permits the assumption that those substances cannot develop any action where they are not actually present.

But how far may we hold to the action of dilutions which have been prepared from the 3d trit? Have they not produced good results? Do we not possess nume-

rous proofs of their efficacy? Are not excellent curative results ascribed to the 30th, the 200th and endless higher potencies? Assumptions and hypotheses only last so long as there is no sufficient proof against them.

It is certain that in no dilution above the 5th, is there any copper, gold, &c., present, as any one can easily convince himself. This is just as certain as that I got from sixteen healthy provers 919 symptoms, without any medicine at all, which certainly would have found a place in the *Mat. Med.* had the proving been conducted, like the *Sepia* proving of the year before, and other provings in the old fashioned manner. For my part, I am forced to the logical admission that we possess no proof amounting to evidence of the activity of the dilutions aforesaid. Of effects which simply followed the use of these preparations, it must first be proven that they actually arose from that and no other cause. We are certainly justified in making use of the *post hoc* experiences, but must not forget that they cannot be adduced as sure proofs.

This argument must, strictly speaking, be directed and used against the assumption that pathogenetic as well as curative effects ascribed to the triturations and dilutions of soluble substances, really proceed from them and nothing else. In this case, however, the assumption has a basis of support in the indubitable presence of the substance, from which the effect may proceed, which the dilutions from triturations of insoluble substances lack.

Bibliographical.

LECTURES ON LOCALIZATION OF DISEASES OF THE BRAIN. DELIVERED AT THE FACULTÉ DE MÉDECINE, PARIS, 1875, BY J. M. CHARCOT, TRANSLATED BY EDWARD P. POWLER, M.D.

This work consists of twelve lectures. One is devoted to a general description of the anatomy of the brain; two to the structure of the gray substance of the brain; one to the parallel between spinal and cerebral lesions; one to the arterial circulation of the brain; one to the circulation in the gray ganglia and the internal capsule; three to the central arteries—isolated lesions of the gray ganglia—crossed amblyopia—lateral hemiplegia; one to the origin of the central portion of the optic nerves; and one to secondary degeneration.

The author starts with the proposition that the encephalon does not represent a unit but rather a confederation composed of a certain number of diverse organs. To each of these organs belong distinct physiological properties, functions, and faculties. The physiological properties of each one of these parts being known, it becomes possible to deduce therefrom the conditions of a pathological state; this, of course, being but a greater or less modification of the normal state, and not the result of an intervention of new laws. In carrying out his investigation, the author utilizes the varied knowledge furnished by normal anatomy and experimental physiology, together with those classical observations which have been rendered reliable by a methodical and minute examination, microscopic and otherwise, of organic lesions, and thus endeavors to ascertain upon what foundation his proposition rests.

Those familiar with the writings of Charcot need not be told that the work is well done. He has given us in a compact form the mass of important facts known to science upon the subject which he discusses.

LECTURES CLINICAL AND DIDACTIC ON THE DISEASES OF WOMEN, BY R. LUDLAM, M.D. FOURTH EDITION. CHICAGO: DUNCAN BROTHERS, PUBLISHERS. 1879.

The fact that Dr. Ludlam's book has passed to its fourth edition is of itself a proof of its popularity with

the profession. It is written in the free and easy style of the lecture-room; always readable, always fresh and vigorous, it is at the same time not a little rambling, discursive, and incomplete. It is as it claims to be, a series of clinical lectures, in which the author draws his inspiration from the clinical cases brought before him; treating no one subject exhaustively, but passing with more or less rapidity from one to another, he invests all with the imprint of a well read practical mind full of just and vigorous thought, fully up to the times and entirely free from bigotry and intolerance.

In these days of showy and sometimes useless operations which in the hands of modern specialists seem so brilliant, it is refreshing in a work on diseases of women to find proper attention given to uterine therapeutics and that constitutional treatment which is often so much needed. General treatment has been too much neglected in the so-called "regular" school, while in ours it has often been used to the neglect of the great help offered by mechanical and local applications. The thoroughly practical common sense manner in which the author discusses these points is one great charm of his work. The book is by no means a complete treatise on Gynecology, but it will form a very important addition to the library, and occupy a useful place by the side of more elaborate and scientific treatises.

ESSENTIALS OF CHEMISTRY, INORGANIC AND ORGANIC. BY R. A. WITTHAUS, A.M., M.D. New York: William Wood & Co. 1879.

This small pocket volume, in the form of questions and answers, presents the essentials of chemistry in a very concise manner. To the student, and also to the physician who occasionally forgets an important clinical point, it will be invaluable.

GENERAL SURGICAL PATHOLOGY AND THERAPEUTICS; IN FIFTY-ONE LECTURES, A TEXT-BOOK FOR STUDENTS AND PHYSICIANS; BY DR. THEODOR BILROTH, PROFESSOR OF SURGERY IN VIENNA. TRANSLATED FROM THE GERMAN BY CHARLES E. HACKLEY, A.M., M.D. New York: D. Appleton & Co., 1879.

The work of the distinguished surgeon of Vienna has so long been a text-book in our leading medical schools, and in passing through eight editions has so fully met the wants of the profession, that an extended notice would be out of place. No department of our art has made such rapid advancement during the past few years as surgical pathology and therapeutics. The work of this distinguished surgeon is fully up to the times. All the new points which have come up within the last few years are clearly discussed. This edition contains seventy-four additional pages, including a chapter on amputations and resections. One great charm about the work is the peculiar beauty of its style. It is seldom that a strictly scientific book presents such classic beauty of language.

LECTURES ON BRIGHT'S DISEASE OF THE KIDNEYS; DELIVERED AT THE SCHOOL OF MEDICINE IN PARIS. BY J. M. CHARCOT. TRANSLATED BY HENRY B. MILLARD, A.M., M.D., NEW YORK, WM. WOOD & Co., 1879.

The work consists of seven lectures, two on the normal anatomy of the kidney and the physiology of urinary secretions; one on tubular infarctus, urinary casts, and a summary of views of Bright's disease; two on interstitial nephritis; one on parenchymatous nephritis, and one on amyloid kidney. The author includes under the last three heads the various forms of Bright's disease. The amyloid alteration he thinks has no autonomous existence, but is always subordinate to a constitutional state—to a disease which at the same time, in

addition to the kidney, affects different viscera—the liver, spleen, intestines, etc. He presents in a clear light the marked distinction, both from a clinical and an anatomopathological point of view, of the small granular kidney and the large white kidney. He considers that scarlatinous nephritis belongs not to the parenchymatous form but to the acute or subacute variety of interstitial nephritis. The author presents in a concise but clear manner the well-established facts in relation to Bright's disease, but makes no mention of treatment. There are sixteen very excellent illustrations and two chromo-lithographs.

THE MEDICINAL AND HYGIENIC TREATMENT OF DISEASES OF WOMEN, ESPECIALLY THOSE CAUSING STERILITY. THE DISORDERS AND ACCIDENTS OF PREGNANCY AND PAINFUL AND DIFFICULT LABOR. By Edwin M. Hale, M.D., Professor Materia Medica and Therapeutics, in the Chicago Hom. Med. College. Boericke & Tafel, New York and Philadelphia, 1878.

In his preface, the author says, "This work contains some of the results of observation, study and experience of a quarter of a century of active practice." It also contains a large amount of quotation, too great to leave the author much claim to originality. Out of about two hundred and ninety pages which the book contains, the first thirty-two pages are devoted to a reprint of Dr. Jackson's article published in the American Journal of Obstetrics on the "Ovulative Theory of Menstruation," viz.; "That ovulation and menstruation may each occur independently of each other,"—a position which would be readily granted without any appeal to Dr. Jackson's article. The strongest positions in the book are taken in the language of Sims and Thomas. Again the author introduces into the book a great deal of information that may be valuable, but certainly is not scientific, and supported by neither adequate data nor plausible theories.

One hundred and forty pages are devoted to an examination and discussion of the "causes of sterility," following which are twenty pages on the general therapeutics of the subject.

The concluding ninety pages discuss the treatment of the disorders of pregnancy and of difficult labor, and are more colloquial than scientific.

CONTRIBUTIONS TO OPERATIVE SURGERY AND SURGICAL PATHOLOGY; BY J. M. CARNOCHAN, M. D. HARPER & BROTHER.

The third number of this important work includes parts IV and V, and contains the discussion of *Shock* and *Collapse*, which will be completed in the next number, issued in about two months. This subject, heretofore but little noticed in our surgical works, is so ably handled by our learned author, with such a wealth of information and original thought, that we shall take occasion to refer to it at length when it is fully before the public.

G. P. PUTNAM'S SONS, 182 FIFTH AVENUE, announce the publication of a bi-monthly journal, entitled *Archives of Medicine*, edited by Dr. E. C. Seguin, who will be aided by able associate-editors and collaborators. The same house also announce two quarterlies, I, *Archives of Ophthalmology*, edited by Dr. H. Knapp, in New York, and Dr. I. Herschberg, in Berlin; II, *Archives of Otology*, edited by Dr. H. Knapp and D. B. St. John Roosa, of New York, and Prof. Meis, in Heidelberg. The subscription is four and three dollars a year.

THE BUREAU OF MEDICAL STATISTICS has to record the birth in Chicago of a new journal, and its name is "*The Medical Counselor*," its editor, Dr. J. P. Mills, late of the Homoeopath, and the publishers, Messrs. W. A. Chatter-

ton & Co. The number before us contains much valuable information, and the general appearance is excellent. Cordial greetings to Dr. Mills on his return to editorial work.

The New England Medical Gazette appears for this volume with a new dress of less dimensions, reduced in price, and with Dr. H. C. Clapp as its editor. The numbers thus far issued have been up to the times. Success.

TRANS. OF THE MASS. HOM. MED. SOCIETY, 1878, contains proceedings of the thirty-eighth annual meeting, pp. 84.

THE YEAR'S PROGRESS.—Address delivered before the American Institute of Homoeopathy by the Pres., J. C. Burger, M. D.

SPECIAL REPORT OF THE HOM. YELLOW FEVER COMMISSION, ordered by the American Institute of Homoeopathy and presented to Congress, pp. 56.

DIPHTHERIA.—Its history, causes, symptoms, diagnosis, pathology and treatment, illustrated with numerous cases successfully treated by William Morgan, M. D., member of the Royal College of Surgeons, England, &c., &c. Second edition. The Hom. Pub. Com., pp. 148, 1879. The most concisely written, readable and reliable little monograph yet presented covering this subject.

OUR COLLEGES.

From the subjoined reports our readers will observe that our institutions of learning have been doing good work the past year, their classes in respect to numbers and quality exceeding any previous.

The number of graduates which have been turned out from distinctly homoeopathic colleges has been about 300; and to these add a large number who have graduated from other institutions with the intention of practicing homoeopathy, and we have a result that does not look much like a "critical period," so far as sustaining the school is concerned.

COLLEGE COMMENCEMENTS.

NEW YORK HOMOEOPATHIC MEDICAL COLLEGE.

Chickering Hall was well filled on the evening of March 12, to witness the commencement exercises of this Institution. The introductory address was given by the Dean, Dr. J. W. Dowling, and showed the institution to be in most successful operation. The degree of Doctor of Medicine was bestowed on the graduates by Hon. Salem H. Wales, President of the Board of Trustees; the address to the graduates was given by Rev. Dr. Armitage, and the valedictory address by Dr. J. W. Candee, of the graduating class.

Professor F. S. Bradford, Secretary of the Faculty, then awarded the following prizes:

The Faculty prize of \$100 for highest standing in scholarship was given to Edgar V. Moffat, of Brooklyn, whose average standing was 98.7, out of a possible 100. Honorable mention was made of Drs. Candee, Brewster, Hoffman, Banker, Howe, Morgan and Velslage.

The Wales prize, awarded for proficiency in junior studies, was given to James E. Lillenthal, of New York, whose standing was 99.9. Honorable mention was made of Carroll Dunham.

The prize for excellence in Anatomy was given to Edgar V. Moffat.

The prize for skill in obstetrics was also awarded to E. V. Moffat.

The prize for the best thesis on mental diseases was presented to C. S. Kinney.

The prize for proficiency in electro-therapeutics was given to H. C. Blauvelt.

The prize for the best thesis on Fevers was awarded to W. M. Decker.

The prize for the best thesis on nervous diseases was given to E. V. Moffat.

GRADUATES.

P. A. Banker, F. L. Benedict, H. C. Blauvelt, F. D. Brewster, L. S. Brown, W. G. Brownell, J. W. Candec, A. B. Cole, G. R. Davis, W. M. Decker, C. J. F. Ellis, E. Everitt, E. D. Franklin, J. F. Goodell, R. C. Grant, A. M. Haight, C. H. Hofmann, J. M. Howe, W. K. Ingersoll, C. S. Kinney, M. Leal, A. H. Lloyd, H. L. Lockwood, R. A. Martin, B. E. Mead, E. V. Moffat, G. S. Morgan, E. S. Northrop, T. L. Ninamaker, W. M. Pettit, E. M. Swift, C. A. Tinker, T. S. Turner, S. Vehslage, F. D. Vreeland, S. H. Vincent, J. T. Vasant, W. S. White, H. A. Whitmarsh, L. F. Wood.

THE THIRTY-FIRST ANNUAL COMMENCEMENT OF THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA, AT THE ACADEMY OF MUSIC, MARCH 10th, 1879.

The valedictory on the part of the Faculty was delivered by Prof. Pemberton Dudley.

GRADUATING CLASS.

Clarence G. Abbott, Clarence Bartlett, Archibald Bayne, Edward W. Brown, Francis Buchman, Harry M. Bunting, Willard B. Carpenter, Frank F. Caseday, John P. Cheesman, Theodore F. Conover, John Cooper, Wm. L. Craddock, Arthur M. Eastman, Mark Edgerton, John L. Ferson, James G. Fickel, Lemuel E. Finch, William H. Gardiner, Wilfred Gerhart, Samuel T. Gilbert, Manuel G. Gonzalez, E. Hadley Green, M. D., H. Henry Groth, Joseph M. Hartranft, Walter E. Harvey, F. Pierce Hoy, Horace F. Ivins, Russell B. Kirby, John S. Kistler, George M. Lamb, J. Robert Mansfield, Robert D. Matchan, John B. McClelland, Andrew L. Monroe, Byron D. Mosher, Frederick D. Mount, Sheppard A. Mullen, William Peacock, William C. Powell, Jr., Ferris T. Price, Max J. Reinhold, N. Henley Riddick, J. Harmer Rile, Nelson C. Scudder, Samuel F. Shannon, Parker D. Shemp, Marshall C. Slocum, Henry L. Stambach, J. Wilmer Strong, J. Ross Swartz, James D. Tatum, M. D., J. Sperry Thomas, J. Marshall Thompson, Eli Tullis, William B. Turner, M. D., Clark H. Twinn, Chandler Weaver, Frank F. Webster, M. D., F. E. Williams, M. D., Abram F. Zeigenfuss, Wm. E. Leonard.—Total, 61.

PRIZES AWARDED.

1. John L. Ferson, gold medal.
2. J. R. Mansfield, silver "
3. W. B. Carpenter, bronze medal.

THE SIXTH ANNUAL COMMENCEMENT BOSTON UNIVERSITY,

was held March 5th at Tremont Temple.

The Dean, Dr. I. T. Talbot, made an address embodying his annual report, which showed the institution to be in a flourishing condition, and Clara E. Aldrich the salutatory.

President Warren conferred the degrees, Dr. John P. Sutherland delivered the valedictory on the part of the class, and Prof. Mary J. S. Blake responded in behalf of the Faculty.

The following are the

GRADUATES OF THE CLASS OF 1879.

Clara Elizabeth Aldrich, Francis Lester Babcock, Judson Lee Beck, Ada Bingham, James Edward Blaisdell, Edward Allison Butler, Adaline Barnard Church, Laura Worthington Copp, Jane Kendrick Culver, Maria Louisa Cummings, Edward Harvey Ellis, Clement Howard Hollowell, Webster Oliver Hiley, Francis Wayland Hartwell, Henry Jefferson Hascall, Manuel Scott Holmes, Freeland David Leslie, Anna Mary Marshall, Nelson Cobleigh Parker, Luman Boyden Parkhurst, John Howard Payne, George Emery Percy, Robert Ernest Pierce, Charles Sumner Pratt, Frank Chase Richardson, Oscar

Waldo Roberts, Charles Rufus Rogers, Clara Hannah Rogers, Orren Burnham Sanders, Charles Samuel Sargent, Herbert Elwyn Small, Edmund Burnard Squire, John Preston Sutherland, Carrie Helen West, Sarah Elizabeth Wilder.

THE NINETEENTH ANNUAL EXERCISES OF HAHNEMANN MEDICAL COLLEGE, CHICAGO.

occurred Feb. 27th, at Hershey Hall, in the presence of a large attendance. Professor A. E. Small presiding.

Professor R. Ludlam, Dean of the Faculty, presented his annual report. It represented the college as on a sound financial basis, and said the hospital had lately paid off a mortgage on its property.

President A. E. Small delivered an address, Prof. T. S. Hoynes the valedictory on the part of the Faculty, and Dr. Geo. L. Bailey responded for the class.

Professor Vilas announced that the "D. S. Smith" prize of \$25 for the best final examination had been awarded to Dr. E. W. Bradley. Dr. Smith presented the prize.

The second prize for final examination, of a handsome buggy medicine case, was awarded to Dr. J. W. Whidden; prize for best report of the woman's clinic, H. H. Bolter; surgical instruments for best final examination, Dr. J. W. Whidden; pocket medicine case for best prescriptions in medical clinic, Dr. D. W. Heath; office medical case, for the best essay on amaurosis, Dr. G. J. Russel.

GRADUATES.

Jno. G. Achenbach, Jno. Ahmanson, Wilson Adolphus Allen, Geo. L. Bailey, M. S., Marcus Y. Baker, W. A. Barker, James W. Barrett, Ellen Olds Beebe, Ernest W. Bradley, Warren S. Briggs, B. S., E. Z. Cole, Isaac N. Coleman, Jr., Caspar L. Crandall, P. G. Denninger, Chas. W. Eaton, Geo. Edens, W. H. Fanning, H. P. Fitch, Sumner C. French, S. E. H. Gannon, M.D., *ad eund*, Chas. E. Geiger, Emma Gerlach, Alden Gifford, Geo. C. Greene, Evan Edmiston Gwynne, Helen S. Harris, Sarah C. Harris, J. DeWitt Heath, Jno. Wm. Heath, Seymour C. Hood, F. M. Hinz, Osmond Nason Hoyt, Daniel C. Jerald, Solomon D. Johnson, Robert W. Lance, David L. Livermore, Mrs. Fidele Gray Macomber, H. W. Marsh, L. D. Marvin, Marshall C. McIntire, Francis E. McNamara, Edwy Clinton Ogden, E. H. Parker, Jno. P. Parmly, Danl H. Patchen, Cassius C. Pillsbury, Geo. E. Richards, Gardner J. Russel, Addison E. Sanders, Fred. L. Santway, Chas. Sumner Sears, Franklin B. Smith, *ad eund* Martin S. Spaulding, T. F. H. Spreng, Byron Taylor, L. W. Todd, Jr., Jno. C. Tucker, Thos. Voice, Mrs. Lucy Washington, Mary Pearce Weeks, J. W. Whidden, Wm. Fletcher Wilson, W. A. Whippy, *ad eund*, D. L. Woods, M. D., J. B. Robinson.

Banquet at the Tremont House in the evening.

TWENTIETH ANNUAL COMMENCEMENT OF THE HOMOEOPATHIC MEDICAL COLLEGE OF MISSOURI.

Dr. L. E. Whitney delivered the valedictory on the part of the class, and Prof. J. M. Kershaw responded for the Faculty.

President C. W. Spalding conferred degrees upon the following graduating class.

J. P. Barrenburgh, Susette Dunlevy, F. K. Dabney, J. N. DuBois, F. K. Goodman, H. L. Poulson, W. H. Steele, A. H. Scott, L. E. Whitney, John Weaver, Edw. W. Deweese, M. E. Pearman, Mrs. E. A. Scott, P. A. Terry, C. E. Tennant, E. R. Wingate, and Dr. J. P. Dake, Honorary.

Prof. J. D. Foulon awarded the prizes as follows: For the best and next best knowledge of materia medica: first prize, the Ecce gold medal, to E. W. Wingate; second prize, two copies of Dunham's "Materia Medica,"

to L. E. Whitney; for the best theoretical and practical knowledge the Valentine silver medal was given to L. E. Whitney; for the best knowledge of diseases of the spine, the Kershaw medal was awarded to H. M. Byers; the obstetrical prize, a pair of Comstock's forceps, was handed to Mrs. M. B. Pearman.

PULTE MEDICAL COLLEGE, Cincinnati, held its Commencement Feb. 26th. The Dean, Prof. D. W. Hartshorn, made his annual report, Dr. Geo. E. Blackburn, delivered the class valedictory and the degrees were conferred by Hon. J. E. Bell.

GRADUATES.

Chapman Ayer, Geo. W. Bernard, G. E. Blackburn, J. F. Beckner, Levi Burris, E. F. Chase, J. M. Crawford, R. D. Connell, F. J. Dickey, F. E. Downey, W. C. Emrey, J. C. Flynn, E. L. Fristoe, C. H. Gilbert, O. A. Hubbs, J. R. Huss, W. M. Haffner, Chas. Hoyt, S. H. Jackson, P. H. Lindley, C. M. Lukins, E. E. Loy, Geo. A. Ross, A. G. Smith, J. G. Strode, J. E. Studebaker, A. C. Smith, A. S. Short, Eben Thompson, L. M. Whistler, W. P. Williamson, A. C. Williamson.

The University of Michigan graduated twenty-five, whose names have not been received.

Cleveland Homoeopathic Hospital College held its Commencement March 12th. Prof. N. Schneider presided, B. A. Hinsdale, Esq., delivered an address, and Judge Barber conferred the degrees upon the following:

R. Bartell, J. W. Covert, D. W. Clausen, J. S. Dale, J. W. Dalley, C. V. Emery, C. H. Fisher, J. B. Hershey, Jr., M. P. Hunt, M. E. Kortz, J. J. A. Morgan, H. Pomeroy, H. W. Pringle, F. B. Putnam, W. B. Putnam, W. H. Palmer, F. H. Spence, J. G. Sutton, E. W. Southall, A. W. Saxton, A. Salls, W. S. Thompson, E. D. Warner, C. L. Williams.

Prizes: Surgical case to Dr. C. V. Emery, clinical prize to J. A. Stevens, books to R. L. Hanks.

A fine hospital has just been completed, which will be of great service in clinical instruction.

CHICAGO HOMOEOPATHIC MEDICAL COLLEGE, APRIL 8.

Prof. Danforth delivered the valedictory on the part of the Faculty, and Dr. W. F. Knoll spoke for the class.

GRADUATING CLASS.

Daniel Bartlett, Frank G. Legg, C. F. Bassett, Louis Lowenthal, Victorine D. Boyle, Frank H. Newman, Robert W. Conant, W. L. Northway, Julius K. Elms, Jared D. Purdy, Carl Faber, D. R. Richardson, I. W. Fisher, Solen D. Ross, Willis Glidden, Margt. L. Sabin, Wm. H. Hauchett, Fredk. Scheureman, Charles Harbach, Jennie E. Smith, A. W. Henman, Harriet E. Stansbury, Walter F. Knoll, Harry L. Toroner, Wm. Bartlett Krieger, Edward D. Woodruff, W. D. Lawrence, G. D. Yokom, Ludwig Pauly, S. F. Welling, Jno. A. Campbell.

"Next year this college will either go into a new building put up especially for it, or so entirely refit and enlarge present quarters as to make them essentially new. It is safe to say new quarters in any event much enlarged. It contemplates a practical microscopical laboratory next year where first year men or others are to do actual microscopical work. Six splendid instruments are already secured. The Chemical Laboratory is a *live fact* now, and is to be enlarged and kept running steadily.

The Dispensary Clinique makes about an average of 100 prescriptions daily, from which clinical lecturers have to select for illustration of particular subjects."

UNIVERSITY OF IOWA.

Class numbered 32, and graduated three—S. F. Davis, R. C. Newell and Jas. H. Thompson.

Prof. Cowperthwaite delivered the address of the occasion, Dr. Jas. H. Thompson the valedictory on the part of the class.

COLLEGE OF PHYSICIANS AND SURGEONS OF MICHIGAN.

ED. TIMES: Last October the Homoeopathic fraternity in Detroit conceived the idea of founding a medical society, under the above title, which it was hoped would foster and encourage more thorough medical work than anything we had in this part of the country. The institution was born, and has prospered: it is fully incorporated and has the right to confer its degree of F. C. P. S. We hope to have a good library, museum, and laboratories of various kinds, and confidently appeal to the profession to help us in the two former particulars by liberal contributions. We have received a generous response from most of our honorary members, and hope that all of them will help furnish our library by donations of their own works at least. Our meetings are weekly, on Monday evening; the whole business done by a Board of Control, and the time is thus entirely occupied by proper scientific work. Thus far we have had a course of four lectures on "Lithiasis," one of a like number on "Errors of Accommodation and Refraction," and on "Fever" in general, from a pathological standpoint. Any of your readers passing through Detroit will always meet with a hearty welcome on Monday nights if they call upon us. I will send you in a few weeks a copy of our "Constitution," etc., now in the hands of the printer, and you can then see at a glance our full objects and aims. Again let me ask authors, societies, and perhaps publishers, to assist us in stocking our library, and all friends of advanced medical science to bear our museum in mind. We hope soon to be in a position to publish our papers, etc., and will then return all such compliments. Our Curator, Dr. G. B. Foster, 29 Lafayette avenue, will promptly acknowledge receipt of anything for us. Truly yours,

J. G. GILCHRIST, Recorder,

DOCTORES MEDICINE.—Six hundred young men pass out of the six medical Colleges of this city this Spring full fledged doctors of medicine. In this country we have one doctor to every 600 inhabitants; in Canada one to every 1,200; in France there is one to every 1,814; in Great Britain one to every 1,672; in Germany one to every 3,000 inhabitants. It is safe to say that the profession in this country is more practical than any other country in the world.

A REUNION OF THE CLASS OF 1874 of the New York Medical College and Hospital for Women was held at the house of Mrs. J. G. Brinkman, M.D., 172 West 23d street, New York city, March 17th, 1879. Greetings were exchanged between members who had not clasped hands since the evening on which they received their degree of Doctor of Medicine five years ago. The discussion of the bill of fare occupied two hours.

After welcoming her guests, Dr. Brinkman announced the toasts, which were responded to in the following order.

The Class, responded to by Mrs. M. H. C. Woodruff, M.D., of Boonton, N. J.

The College, by Emma Onderdonk, M.D., of Brooklyn, L. I.

The Future of Woman, by Anna Griffith, M.D., of Camden, N. J.

The Medical Profession as represented by Women, by H. Amelia Wright, M.D., of New York city.

The Alumni Association of the New York College and Hospital for Women, by Mrs. M. H. C. Woodruff, M.D., of Boonton, N. J., on behalf of an absent member to whom it had been assigned.

The class separated at a late hour to meet again, March 17th, 1884.

Reports of Societies.

HOMOEOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Proceedings of the Twenty-eighth Annual Meeting, held in Albany February 11-12, 1879.

REPORT OF COMMITTEE ON MEDICAL INSTITUTIONS AND SOCIETIES—ALFRED K. HILLS, M.D., CHAIRMAN.

The following letter was read by Dr. H. L. Waldo, Cor. Sec.

No. 40 Washington Square, N. Y. City,
June 11, 1878.

H. L. WALDO, M.D., Cor. Sec. Hom. Med. Soc. of the State of New York.

DEAR SIR :

At a special meeting of the Trustees of the N. Y. Hom. Med. College, held on Saturday evening, June 8, 1878, I was instructed to inform you that all the papers, including the preamble and resolution of the State Society, as also the petition of eminent physicians, suggesting the reappointment of J. A. Carmichael, M.D., to the chair of Anatomy in the N. Y. Hom. Medical College, were carefully considered and acted upon with respectful reference to the views of the numerous and influential gentlemen who would be gratified with the reappointment of Dr. Carmichael, as well as to the obligations they are under as trustees, to promote the best interest of the College over which they have supervision and care. And as Secretary of the College, I am instructed to make answer to your communications, that while the trustees in no sense question the distinguished abilities claimed for Dr. Carmichael, it is their judgment that it would not now be expedient to make any change, as Dr. F. E. Doughty, who occupies the chair of Anatomy in the College, has given entire satisfaction to the Trustees, the Faculty, and the students.

Very Respectfully Yours,
GEO. W. CLARKE,
Secretary.

Dr. J. W. DOWLING :—Mr. President, Ladies and Gentlemen: When the society can grant me the time, I would like the privilege of making a few remarks. At the last annual meeting of the State Society I feel that an injustice was done the New York Hom. Med. College, and I have come to this meeting for the purpose of making an explanation which I think will set the college right in the estimation of our colleagues.

By the President : I understand this expected speech is a part of the report of the committee on societies and institutions, and it is now in order, and unless we prefer to postpone it until another time we must go on with it now. What is your pleasure?

Dr. Alfred K. Hills, chairman of the committee, asked for further time in order to give Dr. Dowling the opportunity he seeks, and for the purpose of hearing reports from other institutions, which was granted.

MISCELLANEOUS BUSINESS.

Dr. Thomas Wildes: As one who voted against these resolutions passed here one year ago, I rise to move, you, sir, the rescinding and expunging from the records the resolution offered by Dr. Fowler, as follows:

"At a meeting of the N. Y. County Society held on Feb. 8th, the following preambles and resolution reported by Drs. Minor, Lilienthal, Dowling, McMurray and Burdick were adopted.

WHEREAS, there are some physicians who, by injudicious action have bred dissension in our ranks in which the utmost liberty of opinion and action should always prevail, and

WHEREAS, we deprecate such action as neither conducive to professional harmony nor tending to the advancement of medical science—therefore,

Resolved, that in common with other existing associations, which have for their object investigation and other labor which may contribute to the promotion of medical science, we hereby declare that, although firmly believing the principle "*similia similibus curantur*" to constitute the best guide in the selection of remedies and fully intending to carry out this principle to the best of our ability, this belief does not debar us from recognizing and making use of the results of any experience, and we shall exercise and defend the inviolable right of every educated physician, to make practical use of any established principle in medical science, of any therapeutical facts founded on experiments and verified by experience, so far, as in his individual judgment, they shall tend to promote the welfare of those under his professional care."

It is that preamble that does the injustice and wrong to every member of our profession who is disposed to think differently from those who support that resolution, and therefore should in the name of justice, right and reason be taken from the records of this society. Those resolutions have been rescinded by the N. Y. County Society where they originated. Now those resolutions are well known throughout the whole country and are held in such contempt that they should be wiped out.

Dr. Mitchell: Mr. President; Sir, to a certain extent, I agree with the gentleman who has just spoken. The work having been done, rescinding the resolution will not remedy it. I have found a very general dissatisfaction in regard to the action of this society at the last meeting. At all events, it strikes me that this society should put its work thoroughly upon the record so that when we shall meet once more we can settle this difficulty forever.

I would offer the following amendment; That a committee of five be appointed to whom shall be referred these resolutions.

Dr. Carleton: With such resolutions on our books, we have placed ourselves in such a condition that it seems to be necessary that we should put ourselves before the people in a far different light from what those resolutions show. We have placed ourselves where we have called upon us the ill-will of many members of this society. We owe it to ourselves to rescind these resolutions. They are on record, it is true, because our meetings are held only once a year and we could not do this before, but it is no reason why we should not do it now, and their expunging ought also to appear in our records that those who may look at it in after years may know that we have stricken them from our books. I would say that we hardly know into what sea we are drifting; let us first place ourselves squarely before the world like men, and take any other action that seems proper and to the best interest of the society afterwards.

By the President: The time has now arrived for our recess; if there is no objection we shall adjourn until 2 P. M.

AFTERNOON SESSION FIRST DAY.

President Gulick called the meeting to order at 2:25 P. M.

Upon motion of Dr. Alfred K. Hills, business was resumed at the point left on adjournment.

Dr. Wildes: I oppose the appointment of this committee in a spirit of nothing but kindness towards those who are favoring it. I think we should proceed with a great deal of care. We owe it to ourselves, and to every member of this society to set ourselves right before the public. Now there is but one proper course to pursue, and that is, to expunge those resolutions from our records.

Dr. Mitchell: Let us have a committee appointed to consider the subject; it is not fair to the profession throughout the state that we should take up the report of that committee, and act upon it hastily here now. Let the chair appoint a fair and unbiassed committee, with instructions to make up their report within six months and to have that report mailed to every homœopathic physician in the state and act upon it next year.

Dr. Doane: I do really hope, for the good of the medical fraternity of this state, that no hasty action like that intimated by my friend will be taken. I can see nothing wrong in the reading of the resolution as recorded in our transactions. I can see this fact, that that resolution simply makes public announcements which are felt by every physician at the bedside of his patient, that we may avail ourselves of every means for the good of our patients.

Now this resolution simply says that one thing, that we shall avail ourselves of all past experience. Now, we have this resolution on

our books, and, unfortunately for us, we have discovered our style of crew. We are asked to rescind!—for what? Why, to satisfy some notions, as I understand it. It is my impression that it is the duty of this association to harmonize all of its membership, and before we rescind, let us appoint a committee; take men who want to be liberal, men who want to stand before the world with consistent declarations; and if it is necessary to report a year hence, I am satisfied. It strikes me the way to harmonize this whole matter is to appoint a committee that will take it into consideration, but let it be done with deliberation. I am opposed to springing any trap of this kind here, and I trust that in their deliberations they will be able to harmonize other interests, bring us together and tie us fast with cords of steel. The advance of medical science and the good of those entrusted to our charge will be very much increased by such an action.

Dr. F. S. Bradford said he was one of the original few called to consider the expediency of framing a "declaration of principles" for adoption in our County Society, the resolution in question having originated there. The object of this movement was in the interest of consistency, as some were of the opinion that we as Homœopathic physicians had no right to use means outside the domain of "*similia similibus curantur*."

If there was mischief in the resolution it has already been done, and we had better now proceed upon the more cautious plan of referring the matter to a committee for careful consideration.

For myself I contend that there should be nothing to prevent a physician from using any means he may think necessary to the relief of his patient.

Dr. Mitchell: We do not stultify ourselves by taking back a wrong. If we wipe out that wrong we are acting like men, but let us act with deliberation.

It was just this debate which I hoped by my resolution to prevent. I have talked with some on both sides upon the passage of these resolutions—the very extremes—and I think they can continue to act upon some common ground together. Now, sir, if it is possible for us to avoid this debate let us do it. The committee (if you refer it to a committee) is in the power of the society, and then we shall not be fighting ourselves.

Dr. Carleton: No compromise here! Now I maintain that those resolutions are mischievous. The fire-brand was thrown in last year. What shall we do with it? My idea is to take it up and throw it out. What would happen, Mr. President, if these resolutions were not expunged? What do men say throughout the State? Here is an example for you (reading from a letter.)

"I have not had, nor do I want, any of the Trans., as long as your homœopathy seeks such society; it has been given over into the hands of the eclectics; we have no flesh nor money for it. We must withhold our money." It is the muttering of the storm that is coming if you do not return to the old land-marks! So much for flesh.

But I object to it on principle. Why, what would be said, Mr. President, of a man who had enlisted, and just as he was going into battle should say to his commander, "Well, I am a little lame, and I think I will drop out. I've been serving a long time under the stars and stripes, and I guess I'll try the stars and bars. I am not sure but the stars and bars are right after all?" What would be done with that man? He would be shot on the spot. Let us stand by the old flag, and there can be no peace until this is done. You see just how the discussion widens. It is an impossibility for me to rest satisfied until we return to the ground we have vacated. The N. Y. County Society has seen the evil of them. They have expunged these resolutions, and now they have peace. Let us expunge them here, and let that end the matter.

Dr. Couch: I favor this resolution because it takes it all out of this discussion and gives it to men who are competent, I believe, to do with those resolutions as should be, and the views which they shall adopt can be presented here to us; then it is before the society in a proper form for its action. It saves time. I believe that every member of this society has the good of the society at heart. In order that we may act carefully in a matter as great as this, I think we had better appoint the committee, because it will save time.

Dr. Brown: If there is a "Fowler" fly in the porridge, had we not better dip it out? If there is a wrong, why not vote it out now? Half of the Society are not here to-day; they tried to get me to stay away also, but I was curious to see how matters would turn. We are perfectly willing that any should go to the Eclectic school who want to. How much can they laugh if we take out this resolution? Is it going to help us to keep it in? We were doing well before, and I can name you fifty men who have retrograded since.

Dr. Mitchell: I think it is a matter of too great importance to waste time on in this way. I renew my call for the previous question.

The result of the vote was as follows:—

Affirmative, 17; negative, 15. And Drs. Mitchell, Couch, Holden, Carleton and Doane were appointed as the Committee. The following is their report as adopted:—

Your committee, representing the extremes of our school, both in practice and views, have unanimously agreed to present the following paper. They ask for its careful and liberal

consideration. They hope it may be received by the society, ordered to be printed, and sent to every homœopathic physician of the State.

They suggest that the committee or their successors be continued during the year. That the chairman be the medium of correspondence with any member of the profession who may desire so to do, and that their final report be made to the society at the afternoon session of the first day of the meeting of 1880.

WHEREAS the resolution passed by this society at its last annual meeting does not justly express the views of our school, and is calculated to place us in a false position before the world,

Therefore we, the members of said society, deem it expedient to put upon record the following avowal of our position:

1st. That we adhere to the formula "*similia similibus curantur*," as enunciating the great therapeutic law for the treatment of disease. Evolved by induction, formulated by the venerated Hahnemann, tested and approved by thousands of physicians during scores of years, we are assured that, with our increased knowledge of the *Materia Medica*, we shall be able to demonstrate more fully its universality as a therapeutic law, and show in a more perfect manner its harmony with other and cognate natural laws.

2d. That we clearly and emphatically distinguish between a "therapeutic law" and the laws of chemistry, physics, and hygiene; and while in the treatment of disease, their formula, "*causa sublata tollitur effectus*" is often to be remembered and used with advantage, yet such laws and such action in no way infringe upon or invalidate the therapeutic law "*similia similibus curantur*."

3d. That we have not in the past, nor do we now, yield one tittle of our rights as physicians, to use any means or appliances of the general profession to aid in the treatment of our patients, (under the homœopathic law), or in the palliation of their suffering through the application of any physical, surgical, chemical or hygienic law, leaving the question of such use to the individual judgment of the practitioner, assured that they will be the least used by those who are the best acquainted with our *Materia Medica*, and best able to wield its immense armamentarium.

4th. That, contrary to the opinion held by some, we most thoroughly endorse, and would most earnestly enforce, the study of pathology and pathological anatomy in our schools and by our students, as determining in the direction of a broader medical culture.

5th. That the great work of our school in the advancing of medical science, is the proving of drugs, and the enlarging, purifying and verifying of our *Materia Medica*.

We point with just pride to the work we have already accomplished, and though we may

lament that it has not been more thorough, and less open to criticism, yet we hail the continued appropriation by other schools of the medicines and methods of using them that we have introduced to the profession, in those diseases where their usefulness has been indicated to us by their pathogenesis, as a virtual endorsement of our labor and to a certain extent vouching for their substantial accuracy.

We do not look upon this action on the part of our *quondam* opponents with jealousy, but welcome it cordially, *when credited*, as the dawning of a better era. We freely yield our labors for the use of others, as only a just contribution to the general profession from which we have received so much.

6th. In relation to the dose of the *similimum* proper to be exhibited, we discover that the most brilliant triumphs of homœopathy have been achieved by the use of attenuated medicines; yet, as a matter of fact, we find that even the crude drug in minute doses will exhibit power to become a remedy under our therapeutic law.

But, as we as yet have not been able to deduce a law to guide us in determining the amount of a drug to be used, or the attenuation to be exhibited, in order to meet the demand of any case most accurately, this society, while on the one hand it refuses to join with those who decry attenuated medicines, on the other will not refuse to recognize as brethren those, who, governed by their honest convictions, can only exhibit crude medicines or the lowest attenuation in the treatment of the sick.

7th. In conclusion, we would most frankly and fully join in the motto of one whom this society loved to honor, when in life he so often and so wisely directed its councils:

"In certis unitas, in dubiis libertas, in omnibus charitas."

JOHN J. MITCHELL, Newburgh,	} Committee.
A. S. COUCH, Fredonia,	
A. W. HOLDEN, Glens Falls,	
E. CARLETON, Jr., New York,	
W. C. DOANE, Syracuse.	

The report was accepted and ordered to be printed.

BUREAU OF MATERIA MEDICA.

Dr. J. J. Mitchell, Chairman, reported the following papers:—

"Ammonia." By Dr. L. B. Couch.

"Hydrastis;" its use in diseases of women.

"Retrospect" of the year's doings in Materia Medica. By Dr. Mitchell.

"(a) An Examination of the Doctrine of the Minimum Dose and the theory of Dynamization promulgated by Dr. Samuel Hahnemann.

(b) The Minimum Dose *vs* The Small Dose.

(c) Is the Homœopathic School Unsectarian? Is its Practice based on an Exclusive Dogma?"

By Dr. H. M. Paine.

"Degenerative Homœopathy." By Dr. T. D. Williams, Chicago.

"Tarantula Cubensis." By Dr. J. J. Navarro, of Santiago, Cuba.

"Trigonocephalus Lachesis—an Acrostic." By Dr. H. Minton.

Microscopic investigations, &c. By Dr. T. C. Fanning.

Dr. H. M. Paine read his paper entitled, "An Examination of the Doctrine of the Minimum Dose and the Theory of Dynamization promulgated by Dr. Samuel Hahnemann."

Dr. H. Amelia Wright said: It seems to me that the author has made a mistake in presenting his paper *here*. I should think that it properly belonged in the Society that met here about a week ago. The Dr. evidently must have been behind time.

Upon motion the order of business was suspended in order to give the floor to Dr. Dowling.

WEDNESDAY MORNING SESSION.—ELECTION OF OFFICERS.

President—Dr. A. S. Couch, Fredonia.

First V. Pres.—Dr. Alfred K. Hills, New York.

Second V. Pres.—Dr. E. Hasbrouck, Brooklyn.

Third V. Pres.—Dr. J. J. Mitchell, Newburgh.

Rec. Secretary—Dr. H. L. Waldo, West Troy.

Cor. Sec.—Dr. A. P. Hollett, Havana.

Treasurer—Dr. E. S. Coburn, Troy.

Medical Items and News.

OHIO STATE SOCIETY meets at Cleveland May 13th and 14th.

DR. A. O. H. HARDENSTEIN of Vicksburg has issued a history of the yellow fever epidemic of 1878, and its homœopathic treatment.

DR. F. H. ORME of Atlanta, a member of the Yellow Fever Commission, has been interviewed at considerable length by the local press.

THE HOMŒOPATHIC RELIEF ASSOCIATION of New Orleans reports the whole number of cases treated under its auspices as 5,640, with a mortality of 5.2 per cent.

"The book which the secretary of the association, Major C. G. Fisher, has so well collated, should be examined by all residents of the fever district.

"It certainly combines more extensive and specific information upon the subject of yellow fever than any other document of the sort yet published, and on this account is valuable, and deserves a place in the library of every thinking man."

THE INDIANA INSTITUTE of Homœopathy will hold its thirteenth annual session at Indianapolis on the 30th of April.

A MIDDLE-AGED physician of four years' experience would like to form some sort of an alliance with a Brooklyn or New York physician. Best of references. Address "Medicus," care George H. Spring, Bedford avenue, Brooklyn.

N. Y. OPHTHALMIC HOSPITAL.—Month ending March 31st, 1879. Prescriptions, 4230; new patients, 540; resident, 38; average daily, 163; largest, 222.

J. H. BUFFUM, M.D.,
Resident Surgeon.